### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

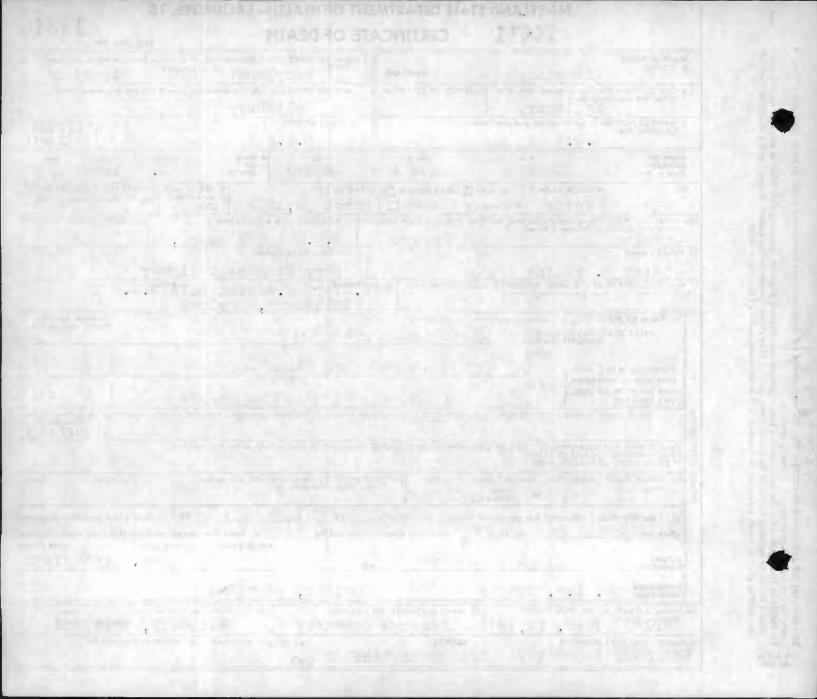
14411 **CERTIFICATE OF DEATH**  14345

								añ. nint ta	o.	
1. PLACE OF DEATH o. COUNTY	Wicomico		MAI	RYLAND	2. USUAL RESIDENCE (W	here deceased	l lived. If institution: b, COUNTY		fore admissio	
b. CITY OR TOWN (IF RURAL and give near	outside corporate fimili rest town) Salisbury		LENGTH OF STA	81 NI Y	c. CITY OR TOWN (IF	sbury	rote limits, write RURA	AL and give n	ecrest fown)	
d. NAME OF HOSPITAL OR INSTITUTION	L (If not in hospital, gi $R.D.\#2$	ve street ad	dress)		d. STREET ADDRESS R.D.	# 2			o. IS RESID ON A F	FARM?
3. NAME OF DECEASED (Type or print)	GROVI	ER	CLEVE	ELANI	ADKINS	4. DATE OF DEATH	Month DEC .	16		58
Male		WIDOWED	DIVORC	ED 🔲	8. DATE OF BIRTH March 30,1	.092	tast birthdoy) M	UNDER 1 YEA		24 HRS. Min.
Farming	I (Give kind of work d ig life, even if retired)	one 10b. Kil	ND OF BUSINESS			Sali	sbury, Md	12. CITIZEN	OF WHAT O	OUNTRY?
13. FATHER'S NAME	Adlatas				14. MOTHER'S MAIDEN		0-33			
No	IN U. S. ARMED FORCE yes, give wor or dates of ser	Aics)	CIAL SECURITY N		Nary Fr Nara 0. Salisbur	Adkin			2	
Canditions, if any gove rise to improve (a), stating the lying cause last.	WAS CAUSED BY: MMEDIATE CAUSE (o), DUE TO  which mediate (b)	No.	lyoca	ery ery	lial ing	tou	of our		18 A	lour lour
PART II. OTHER	UNDERLYING   COND  UNDERLYING   COND  COND				NOT RELATED TO THE TERM  O. (Enter noture of injury in		CONDITION GIVEN	IN PART 1(0)	PERFORI	MED?
20c. TIME OF INJURY Hour a. m. p. m.		20d, INJU	URY OCCURRED Not while of work	20e. PL/ foc	ACE OF INJURY (Home, formatory, street, office bldg., ele	n, 20f. (City	or town)	(County	r)	(State)
21. I cortify that a tive an	. L.V. So	hler	Sollle	er		PM, from ADDRESS (Steam)	net, city or lown, stat Dec	an the december of the decembe	ate stated	
220. BURIAL, CREMATION, REMOVAL (Specify) BULLIAL	Dec. 19,	1958			Cemetery	S	ON (City, town, or co	, Mar	yland	
HOLLOWAY	& COMPANY	S	ADDRESS ALISBUR	Y MA		D BY REGISTI	RAR 246. REGISTRA		URE	

may be retained the hospital or attending physician.

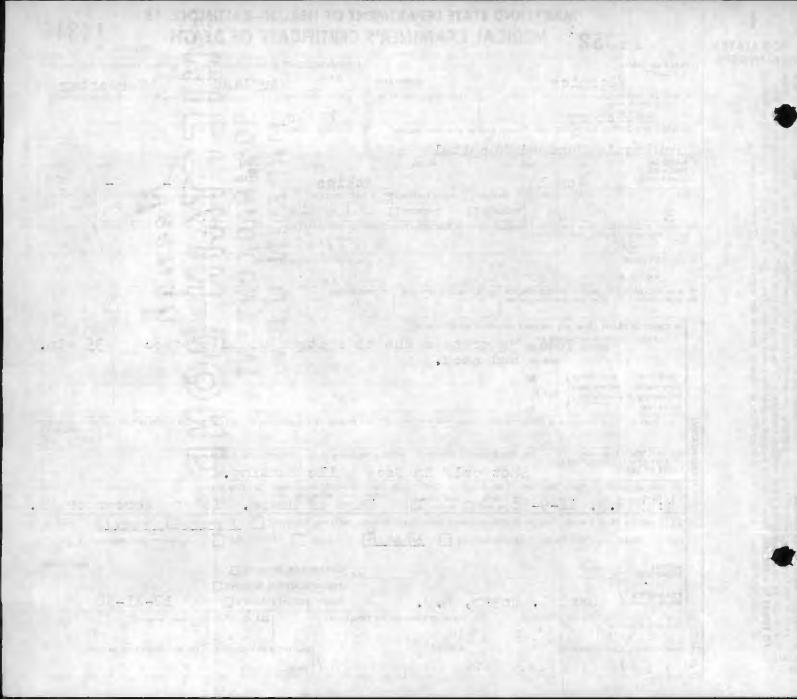
TO FUNERAL DIR OR: After this certificate has been signed by the attending physician and completely filled in by the sand director, page 3 should be detached for use as the buriol-transil permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, ar remayal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of VS A15 (4) 1SM 9/S5

deoth. Page 4



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14352 FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Health, Wicomico MARYLAND b. CITY OR TOWN (Il suiside corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Salisbury Bishop d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE Peninsula General Hospital YES NO F Middle 4. DATE Month Year DECEASED (Type or print) DEATH 9-6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months WIDOWED | SON 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Page 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT (If yes, tive wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: 35 min. Hemorrhage due to shotgun wound of face IMMEDIATE CAUSE (0) pue to and neck. 9 Conditions, if any, which gave rise to immediate cause DUE TO (a), sloting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY pasa PERFORMED? NOC 200. EXTERNAL CAUSE WAS PRIMARY Por CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port 11 of item 18.) in face while hunting. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, focity, street, office bldg., etc.) 20t. (City or town) Month, Day, Year (County) (Stote) 12-9+58 of work of work Yard of house. Bishop Page ! Worcester 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry A. DIRECTOR Accident A opinion death resulted from: Natural causes . Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** Earl L. Royer, M.D. should FUNER 12-11-58 DEPUTY MEDICAL EXAMINER TA NAME (Type) 220. BARIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) 0 ver-or **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

VS. A15ME 5M 2/57



VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14353 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.		1	1	3	1	7
Reg.	Dist.	No.	T	U	A	0

	COUNTY	Wicomico		MARYL	AND	o. STATE AR		b. COUNT				sion)
	city or town ond give negrest love Salisbur		e FURAL	c. LENGTH OF STAY II	ИЪ	Salis		rporole limits, write				n)
-		- L	If not in ho	apital, give street address		d. STREET ADD					e. IS RES ON A YES	
	NAME OF DECEASED	Fi	'st	Middle		Lost	4. DATE	Mont	h	Day	Ye	ar
	Type or print)	Baba Stev		Darnell		Banks	DEATH	12-		12-	19	58
5. 5	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthday)	-		IF UNDE	-
Ma	ale	Colored	WIDOWE	D DIVORCED	3   5	3/3/58		yrs.	Months	Days	Hours	Min.
10a	USUAL OCCUPAT uring most of work	ION (Give kind of work ing life, even if retired)	done 10b.	KIND OF BUSINESS OR II	NOUSTR	Maryla Maryla	(State or foreign	country)	12. CI	~	F WHAT C	OUNTRY?
13.	FATHER'S NAME				T	14. MOTHER'S MA	IDEN NAME					
	Robert	Bank				Eva Pal	lmer					
		VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	EVE	ORMANT	Salis	bury Wal	rylaı	nd		
CERTIFICATION		any, which bediate cause underlying DUE TO	)	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THI	E TERMINAL DISEA	SE CONDITION GIV	VEN IN PAI		PERFOR	UTOPSY MED? NO
	20g. EXTERNAL COPRIMARY OF COCAUSE OF DEATH	ONTRIBUTING [	or 20d.		e. PLAC	OF INJURY (Hom	ne, form.   20f. (Ci		(Co	ounty)		(State)
MEDICAL	Hour a. m p. m		While of w	e Not while ork of wark	lactor	y, street, office bld	ig., erc.)					
		that I took charg resulted fram:		remains described	-	e, held an <u>A</u> ], Suicide [		Inspection (4)	, Inqui	mann	-	in my
	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Earl L.	Roye	or, M.D.		ASSISTANT	ICAL EXAMINER [ MEDICAL EXAMIN DICAL EXAMINER	ER 🗆	-13-	58	DATE SH	ONED
220 B	BURIAL CREMATI	ON, 226, DATE THERE X) 12/13/	58	GREEN ACER		REMATORY		ATION (City, town, ISBURY	or county)	ILAN	(5101e) ID	
23.	FUNERAL DIRECTO	R'S SIGNATURE		AODRESS		24	. REC'D BY REGIS		STRAR'S SI	S. Marie C. C.	RE	
V	VILLIAM	H. JAMES J	R.PR	INCESS ANN	E, N	D 0/	ATDEC 1 7 "S	58 Cx	ing S.	Trace	A	

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A THE REST OF THE PARTY OF THE 527 72 11 11

14348

14354 **CERTIFICATE OF DEATH** 

	2200	A				Keg. Dis	r. No.	-
1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLANI	2. USUAL RESIDENCE (WE O'STATE Mary	land	lived. If institution b. COUNTY		e before odmis 9m1co	sion)
b. CITY OR TOWN (II RURAL and give ne	f autside carporate limits, write larest town) Salisbury	c. LENGTH OF STAY IN 1		sbury		URAL and g	ive negrest tow	n)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, give street 511 Hammon	oddress) d St	d. STREET ADDRESS 511	Hamm	ond St		ON /	SIDENCE A FARM? NO X
3. NAME OF DECEASED (Type or print)	First BENNIE	ARCHIBALD	BOZMAN	4. DATE OF DEATH	DECE		o <sub>oy</sub> 8th	Yeor 1958
Male	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED C		98	9. AGE (In years lost birthdoy) ors.		YEAR IF UND Days Hours	ER 24 HRS. Min.
anting most at wark	ON (Give kind of work dane 10b. ing life, even if refired) r —Construct		DUSTRY 11. BIRTHPLACE (Slote Maryland	ar fareign co	untry)		S A	COUNTR
3. FATHER'S NAME			14. MOTHER'S MAIDEN N					
	mes Bozman		Emma Wil					
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	Ir. Bennie A.B Irs. Mildred E Salisbury	. Boz	-Mr. Sta	Thley re)51	Bozma 1 Hamn	in(Schoold
Canditions, if or gave rise to in cause (a), stating the tying cause lost.	nmediate DUE TO	Hypertens	thrombo	ntief	0		ONSET AND	nin
5			BUT NOT RELATED TO THE TERMI RRED. (Enter nature of injury in I			EN IN PART	PERFC	AUTOPSY DRMED?
-	Y Month, Day, Year 20d. I White		PLACE OF INJURY (Home, form foctory, street, office bldg., atc.	n, 20f. (City	ar town)	(Co	punity]	(State)
21. I certify the olive on 12	of I attended the decease		, 19 5%, to oth occurred at 6:50		the causes o	nd on th	e dote stat	
PHYSICIAN'S Dr	. L.V. Sohle	r	Delmar, M	laryla	nd	De	0.8	/195
20. BURIAL, CREMATION	Dec.11,195	8 Mt Olive			on (City, town, of		-Somer	
3. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		D BY REGISTR		TRAR'S SIG		
HOITOMAX 9	& COMPANY	SALISBURY M	ARYLAND DATEC	9 '58	Critic	7 - 100	all	

may be retained be haspital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Ameral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. Seath. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofte may be retained he haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-HALTIN DRES. LE

### FOR STATE HEALTH DEPT.

Poge M files. Health,

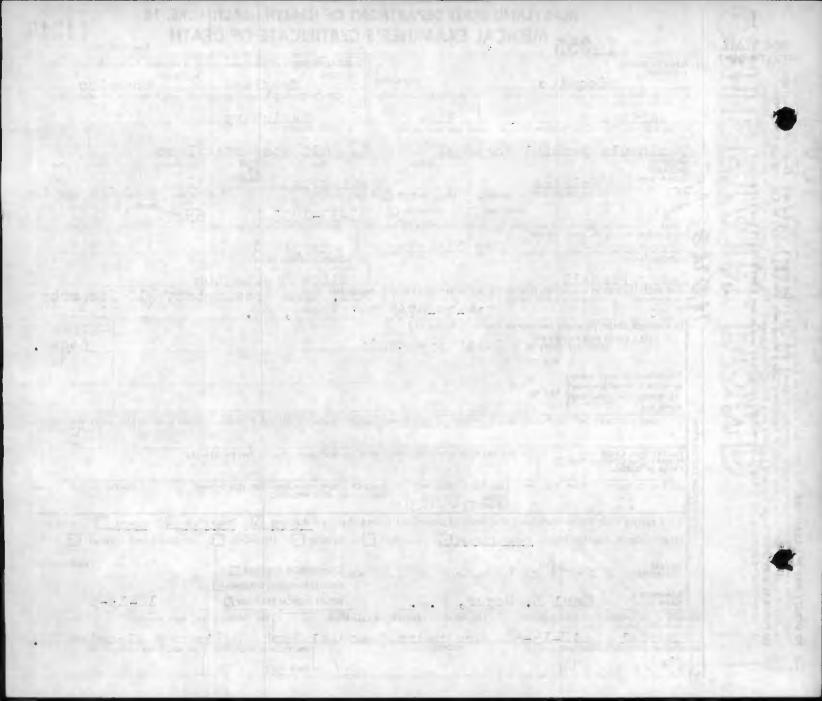
TO DEPUTY MEDICAL EXAMINER: This certificals should be exacuted within 24 hours after death. If any delay is necessare the certific, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral did should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1/255 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	13	7	13	1	ð
E.	-	3	7	-	7

	14000				Reg. Dist. No	D.
1. PLACE OF DEATH			2. USUAL RESIDENCE (V	Where deceased lived. If insti		sfare admission)
e. COUNTY	Wicomico	MARYLAND	o. STATE Man	vland b. cour	Wicomi	00
b. CITY OR TOWN (	If outside corporate fimits, write RUR:	c. LENGTH OF STAY IN 16		outside carporete limits, wri		
and give nearest law		life	12 0074	ahaan		
d. NAME OF HOSPIT		in haspital, give street address)	d. STREET ADDRESS	sbury		e. IS RESIDENCE
_Peninsml		Hospital	/ 110 St	ewarts_Plac	e	YES NO
3. NAME OF DECEASED	First	Middle	tost	4. DATE Mor	nth Day	Yeor
(Type or print)	Wallace	W Br	ewington	DEATH 12	7.0	19 58
5. SEX			DATE OF BIRTH	9, AGE (In years fast birthday)	IF UNDER TYEAR	IF UNDER 24 HRS.
M		DOWED DIVORCED	7-31-1903		Months Days	Hours Min.
10a, USUAL OCCUPATI during most of working	ON (Give kind of work done ng life, even if retired)	106. KIND OF BUSINESS OR INDUST	TY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN C	F WHAT COUNTRY
Presser	1	Dry Cleaning	Maryla	nd	U	SA
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME		
Henry Pu	rnell			ewington		
15. WAS DECEASED EN	VER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO. 17. IN	Mrs Edna	Brewington;	" 410 St	ewarts
No			alisbury.	Md.		ace
18. CAUSE OF DEA	ATH Enter only one couse pe		.07		INTE	ERVAL BETWEEN
PART I, DEA	TH WAS CAUSED BY:	Lobar pneumoni	9		ON.	Daurs.
1190 X	DUE TO	DOVAL PROGRAM				N-19-20
Conditions, if c						
gave rise to imme	idiale couse					
(a), stating the couse lost.	underlying (c)					
		ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION G	IVEN IN PART 1(0)	19. WAS AUTOPSY
CATIO						PERFORMED?
PART II. OT	ONTRIBUTING (206. DI	ESCRIBE HOW INJURY OCCURRED. (E	nter noture of injury in Por	t I or Part II of item 18.)		
Y 20c. TIME OF INJU		20d. INJURY OCCURRED 20e. PLAC While Not white foctor of work	E OF INJURY (Home, formary, street, office bldg., etc.	n, 201. (City or town)	(County)	(State)
		the remains described above	ve held an Autons	y XI, Inspection X	Inquiry K	, and in my
	resulted from: Nati	40		I may		-
opinion deam	resolved from: INGH	Accident	_, Juicide [_],	Tiomiciae, Onde	termined mann	er 🔲
ACTUAL SIGNATURE	Sall V	mu-	M.D. CHIEF MEDICAL E	KAMINER [		DATE SIGNED
/		X	ASSISTANT MEDIC	AL EXAMINER		
EXAMINER'S NAME (Type)	Earl L. H	Rofer, M.D.	DEPUTY MEDICAL	EXAMINER 📉	12-13-	58
	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town	n, or county)	(State)
Burial	12-15-5	Greenacre Me	morial Par	k Salisbur	cv Wicom	ico_Md_
23, FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATU	
. F. Steni	ARTFUNERO	HORE Salishus	AND DATE D	FC 1 9 '58	Testing 8 H.	.uA
1 to tew	ARTHUNERO	HODE DALISBURY	DATE D	EC 1 9 '58   C	Testing & Ha	ма



AND :	DIALE DEPAKIMENT	OF HEALTH-BALTIMOKE,	18	4 40 24
356	CERTIFICATE	OF DEATH		1435(
1000	CLKINICAIL	OI DEATH	Reg. Dist. No	
	l - ii			

- 15										KAR. D	131. 140	•	
	o COUNTY	icomico		MAR	YLAND	2. USUAL RESIDENCE o. STATE Mary	_		d lived. If institut b. COUNTY	,	nce beto en A		ion)
ı	b. CITY OR TOWN (II	outside corporate lim	ils, weite	c LENGTH OF STAY	IN 1b	c. CITY OR TOWN			rote limits, write i				n) ,
4	RURAL and give ne	sburv		1 mo. 24	Da	Mary			•				
ŀ	d. NAME OF HOSPIT	AL (If not in hospital, (	give Street	address)	170.0	d STREET ADDRES		1.			- 4	• IS RES	SIDENCE
1	OR INSTITUTION Deer	's Head St	ate H	neni tel		RFD	# 7	l Ros	x 59			ON A	NO
Ī	NAME OF	Fig.		Middle		lost	H	4. DATE	Mor	al.	Do		Year
1	(Type or print)	Beve	ידרי	Waugh		Brittain	,	OF DEATH	Dece.		Per	-	19 58
	S. SEX			HED A NEVER MARRI	ED []	8 DATE OF BIRTH			9. AGE flo years		274	-	ER 24 HRS.
ı	Male	White	WIDOWI			July 11. 1	1898	R	lost birthday) 60 yrs.	Months	Doys	Hours	Min.
Ī	On USUAL OCCUPATIO	N (Give kind of work	done 10b_	KIND OF BUSINESS	OR INDE	CRY 11 BIRTHPLACE (				1	TIZEN O	F WHAT	COUNTRY
Т	Mechai	ing life, even if retired	' K	= Tilling A/	18	Malar New	Jer	CSAV				S.	
ιħ	3. FATHER'S NAME	2 24	7.1	1	7	14 MOTHER'S MAID					0.0	0.8	No. 0
/	Georgi	e Brittain					C	emphel	11				
Ĭ	5. WAS DECFASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	), 17, II	NFORMANT		in bries	Add	ress			
	link.	If yes, give war or dates of s	ervice]	Unk.		Hoenit	- 27	Recor	ds - Sal	liehu	oran .	Mamo	Jand
F		TH {Enter only one co	use per li	ne for (o), (b), and (c)	1	10000	O ST. AL	16CCO1	<u> </u>	LISUU.		ERVAL BE	
I		H WAS CAUSED BY:		Cirrhosi	•	Liven					ONS	ET AND	DEATH
İ	di <sup>2</sup>	DUE TO		OTT THOST	<u>0 01</u>	TITAGI					-		
	Conditions, if an	w which h											
Ĺ	gove rise to in		•								-		
	Couse (a), stating the lying couse lost.	ne under-											
li	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE T	ERMIN	IAL DISEASE	E CONDITION GIV	EN IN PAR	(o) I	P. WAS	AUTOPSY
	3												RMED?
	PART II. OTH  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING  CAUSE OF DEATH	206 DESC	RIBE HOW INJURY O	CCURRE	(Enter nature of injur	y in Po	ort I ar Part	II of item 18)				100
H	IF EITHER, NOTIFY	MEDICAL EXAMINER)											
	20c. TIME OF INJURY Hour o.m.	Month, Doy, Ye		NJURY OCCURRED	20e. PLA	CE OF INJURY (Home,	farm,	20f (City	or town)	(	County)		(State)
15	Hour o.m.	19	While of worl	Not while	100	tory, street, office bldg.	., elc.)						
ı	21. I certify the	ar Lattended the	deceasi	ed fram _ 10/2	e/	19 58, to	12	2/13	19 58	that I	Inch en	nu dha	docent
ı	alive on 12	/13.	. 19			accurred at 10:		Tell + all though pay me as	the course of	and an t	he de	to state	deceased
ı			a 1	description in the	o com	00001100 01,3220			reel, city or lown,		ne da		ea abave. Ate signed
П	ACTUAL	4-1 lu	al di	ul	,	A.D.	Sal	lisbur	v. Marvl	and		12	/13/58
L	PHYSICIAN'S			7									
Ł	NAME (Type)	. V. Maldy	re, M	.D.									
2	20 BURNAL, CREMATION	276 DATE THEREO	F	22c, NAME OF CEM	ETERY OF	CREMATORY /		22d. LOCAT	ON (City, tomp)	or county)		(Stot)	
	Mille	Wic!	7.5	X au	ur	restles	m	1 8	solle	ww	ha-	1/	a
2	3. FUNERAL DIRECTORS	SIGNATORE .	1	ADDRESS /		U / 1240 /	C'D	BY REGIST	RAR 245 REGI	STRAN'S SI	GNATUR	E	
-	//	11/1	RYU	Co KILLY	M	n/1/20 BAE	10	9-	98 //2	1	47	BASE	0
										-			

TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificale be executed within 24 hours after death. Page 4 may be retained the Baspital or ottending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and completely filled in by the perol director, page 3 should be defacted for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/5S



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

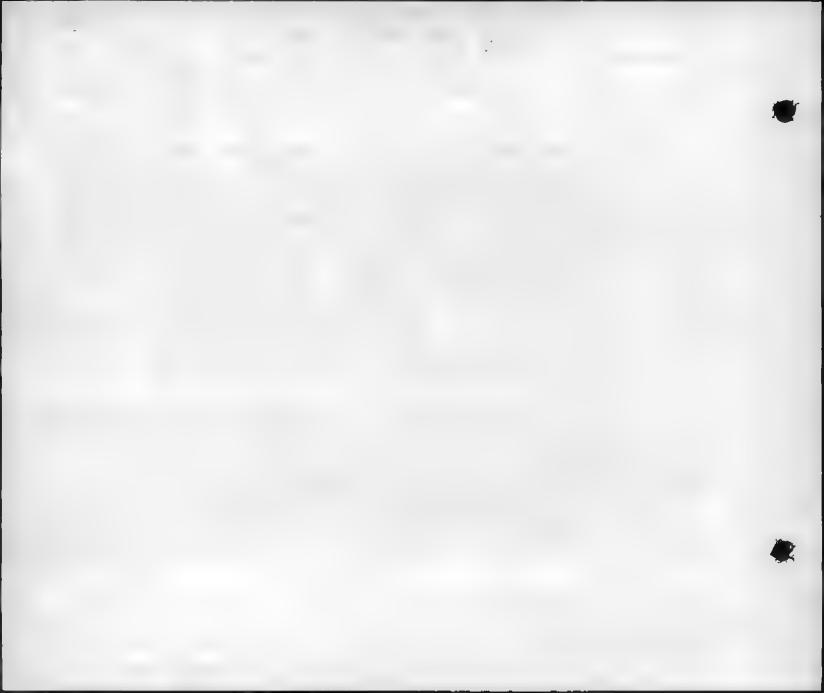
14357 CERTIFICATE OF DEATH

Rea. Dist. No.

14351

					Keg. L	DIST. 140.	
. PLACE OF DEATH	omico	MARYLAND	2 USUAL RESIDENCE		I COLUMN TOWN	ence before odmis icomico	
b. CITY OR TOWN (If outside co RURAL and give nearest town	isbury c. LEN	IGTH OF STAY IN 16		(If outside corporate I	imils, write RURAL onc	d give nearest tow	n)
d. NAME OF HOSPITAL (IF HOLE OR INSTITUTION Spring Hill F	in hospital, give street oddress Private Sani	tarium	d STREET ADDRESS		St	ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	EMMA EMMA		RITTINGHAM	4. DATE OF DEATH	DEC. 1	8th	Yeor 19 58
Female Whi		DIVORCED [	April 16,	1878   8	o yrs. Months	Days Hours	M.n
100: USUAL OCCUPATION (Give ki during most of working life, ev Retired Seam	en it retired)	of Business or INDI othing		of Cos Ma:		U S A	COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDE				
John Merrill	Parsons		Margare	t L.W. Br	rittingha	am	
15. WAS DECEASED EVER IN U. S. I'ves no, or unknown) (If yes, give w	ARMED FORCES? 16. SOCIAL or or dates of service)	SECURITY NO.	Albert H Division	Britting	gham("Son) Lisbury,	508 So Marylan	uth d
Conditions, if ony, which gove rise to immediate couse (a), sloting the underlying couse last.	DUE TO  (b)  DUE TO  (c)	nealise	T (VELVUO	Splero	Zes		
42	ICANT CONDITIONS CONTRI					PERFC	AUTOPSY DRMED?
200 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	XAMINER)	OW INJURY OCCURRI	D (Enter noture of injury	in Port 1 or Port II of	item 18.)		
20c. TIME OF INJURY Month, Hour o.m. p. m.		ot while fo	ACE OF INJURY (Home, ctory, street, office bldg.,	form, 20f (Cily or to	wn)	(County)	(Stote)
21. I certify that I atte	الدر بالمترافعية ال	/	19 <b>49</b> , ta	5PM, fram the	, 1925, that (e causes and an city or town, state)	the date state	ed above
SIGNATURE /	granu	~	M.D. Steller	my man		Dec. 20	
PHYSICIAN'S Dr. Fr	edR.Gramse		402 S.Di	vision S	t. Sali	sbury, M	d.
220. BURIAL CREMATION, 22b. D. REMOVAL (Specify) BUT 1 . 1 — Dec	1	arsons C			City. lown, or county bury, Ma		te)
23. FUNERAL DIRECTOR'S SIGNATU	IRE A	DDRESS	24a. R	EC'D BY REGISTRAR	24b REGISTRAR'S S	IGNATURE	
HOLLOWAY & CC	MPANY SALI	SBURY MA.	RYLAND DATE	DEC 2 3 '58	Catha	E der .	





### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY a. STA **b** COUNTY MARYLAND CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITAOR TOWN (If agriside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) The NAME OF HOSPITAL (If not if hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO MOATE NAME OF First Middle DECEASED 10 58 (Type or print) DEATH P. AGE (In years & COLOR OR RACE B DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS MARRIED NEVER MARRIED WIN last bicthday) Months Days Hours Min. DIVORCED [ WIDOWED [ yrs. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 1 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) neolic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? | 16 SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6 DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoling the underlying couse last. CERTIFICATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPS PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port II or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, | 20f (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m 21. I certify that I affended the deceased fram. X.that I last saw the deceased alive on and that death occurred at QM, from the causes and an the date stated above. ADDRESS (Street) city or **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City/lown, or county) (Stole FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR

DATE DEC 1 @ '58

with filed pup complete popers. death. puo carbon physician поме nding Š permit. gned prior å DIRE 3 should registrar FUNER ebod

cm!ificate

that

VS A15 (4) 15M 10/57



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14354

14360 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Wicomico	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Pen Gen. Hospital	d. STREET ADDRESS 605 N. Division St 6. IS RESIDENCE ON A FARM? YES   NO KI
3. NAME OF First Middle DECEASED (Type or print) ROBERT HENRY	BUNTING  4. DATE Month Doy Year DEC. 23rd 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 23.1888  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Months   Days   Hours   Min.
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert H. Bunting	Margaret E. Hudson
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [Yes, no or unknown]  [III yes, give wor or dates of service]  [Yes]	St. Salisbury, Maryland
CATI	ONDET AND DESTH  Section  GOVERNMENT AND DESTH  SECTION  ONER AND DESTR
	D. (Enter nature of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 40 Fa Paur o. m. 19 While Not while of work 10 of wo	ACE OF INJURY (Home, form, ctory, street, office bldg., stc.) (City or town) (County) (State)
21. I certify that I attended the deceased from 4-30 olive on 12-22, 1958, and that death	n occurred of 7:40AM, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D.
NAME (Type) Dr. Earl L. Royer	Camden Ave. Salisbury, Md. Dec. 26/58
220. BURIAL, CREMATION, 226. DATE THEREOF 220. NAME OF CEMETERY OF BURIAL Dec. 27, 1958 Parsons C	(3,015)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MA	RYLAND DATE DEC 3 1 '58 24b. REGISTRAR'S SIGNATURE



1)

23 FUNGERAL DIRECTOR'S SIGNATURE

M

		MARYI	AND	STATE DEP	ARTM	EN'	OF HE	ALTH	I-BAL	TIMORE,	18			
		14	412	CERT	TIFIC/	ATE	OF DE	ATH	1		Reg. Di	ist, No.	143	355
1.	PLACE OF DEATH					2. U	ISUAL RESIDE	NCE (Wh	ere deceased	d lived. If institut	ioni Reside	nce befo	re admiss	ion)
	. COUNTY W1	comico		MA	RYLAND		. state Marvle	nd		b. COUNTY	Wico	m f a		
	RURAL and give ne		ls, write	c. LENGTH OF STA	AY IN 16				utside corpo	rote limits, write I	RURAL and	give neo	rest lowr	1)
_	Delma			50 y	rs	X		lma	r					
	OR INSTITUTION	AL (If not in hospital, g	iva straet o	oddress)		. '	STREET ADD						o. 15 RES ON A	FARM?
		312 Stat	95	St.			812	2 5	tate					NO Z
3.	NAME OF DECEASED	Fin	ıt	Midd	lla		Losi		4. DATE OF	Mo	nih	Do	у	Yeor
	(Type or print)	Salor	a.	Mav		Cal	Llaway	,	DEATH	Dec.	7		1	19 58
5. 1	SEX	6 COLOR OR RACE		IED NEVER MAR	RIED 🔲		TE OF BIRTH			9 AGE fin years			IF UND	R 24 HRS
	Female	White	WIDOWE	Latte		Nor	v. 20.	187	0	lost birthday)	Months	Doys	Hours	Mín,
100	USUAL OCCUPATIO	N (Give kind of work on g life, even if retired)	ione 10b. I	KIND OF BUSINESS	OR INDU	STRY	11. BIRTHPLAC	E (State	or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	At Home	9		Home			Suss	0 T	Count	To 7		USA	Δ	
13.	FATHER'S NAME				_	14	MOTHER'S M			<del>"", ""</del>	•		-	
	David	Hudson					Lou	isa	Gor	adar.				
15.		IN U. S. ARMED FOR		SOCIAL SECURITY N	10 17 1	NFOR		112151			diess			
1,74	No -	f yes, give wer or dates of si	HANCE]	None		WE	alter	Cal	laway	. Delm	ar. I	Del.		
		TH [Enter only one co	use per lin		c) I			- 0.2	20110.	Delin	G-1 -	Z.JZ.//	RVAL BE	TWEEN
	PART I, DEAT	H WAS CAUSED BY:	12.	of stone	ala	m	WAT	the	An	enersin	~		ET AND	
	Conditions, if on	DUE TO	1tra	hat.	. 1	73/	1 São	Por	in the same	P. 17		10	1 916	~
	gove rise to in	mediote (	17	- wyre	40		00000			100	2100		1	
	couse (o), stating the lying couse lost.	ne Onder-										-		
z		ER SIGNIFICANT CON	DITIONS O	ONTRIBUTING TO E	FATH RUT	NOT	PELATED TO TH	AF TEDRAIN	NIAL DISEASI	CONDITION OF	VENI INI BAD	T 16-1 1	O MAPA C	AITORCY
CATIC								12 1 200,091,0	THE DISERS	c continon of	7 614 114 1 7 1	1 1(0)	PERFO	RMED?
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRE	D (Ent	er nature of in	ijury in P	Part I or Part	I II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o m. p. m.	Month, Day, Yea	r 20d. IN While of work	Nat while	20e. PL	ACE O	F INJURY (Hai treet, office bl	ne, form, dg , etc.	20f. (City	or town)	(	County		(Stote)
		at I attached the		16 82	do -		1956	. /2	· · · ·	20 21				1 1
	alive on 2	of I attended the	_, 19 <u>4</u>	5	at death	occi	ر ساتا سست ۲۰۰۰ ار	3 A	M, from	the causes (				deceased ed above.
	ACTUAL SIGNATURE - C	for State	4 72	ela		H D	Aci			reet, city or tawn,		12 -		TE SIGNED
	E	4114		1		M.U. ,		0	>	0	, ,			H
	PHYSICIAN'S NAME (Type)	17, 4V	11 C	/7				do	nas	13-8				
220	BURIAL, CREMATION		F	22c. NAME OF CE	METERY O	R CREA	MATORY		22d LOCAT	ION (C ty, town,	or county)		(Stole	)
	BuriaTella	12-10-	58	Mt. 01	1170				Do	lmon T	N = 9			

Olive

ADDRESS

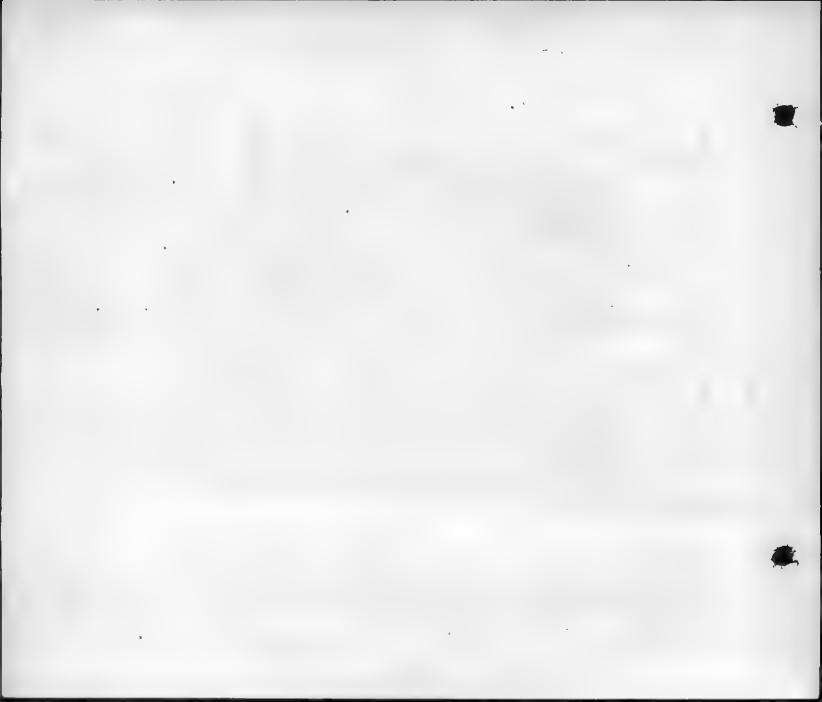
Delman

240. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

Then ! Frank

VS A15 (4) 15M 9/55



	Ī	MARYLAND STATE DEPARTMENT O	F HEALTH-BALTIMORE, 1	
•		14361 CERTIFICATE O	F DEATH	1435 Reg. Dist. No.
old be filed with	Ĺ	dicounity Maryland O.STA	Y OR TOWN (If outside corporate limits, write RU	L CILERIAN
2 2 Should and 2 Should	1	d NAME OF HOSPITAL (1/not in hospital, give street address) OR INSTITUTION  HEART AL HEART HEART HEART	REET ADDRESS	IS RESIDE     ON A FA     YES  N
Pages 1 or	Ĺ	NAME OF DECEASED (Type or print)  SEX  6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   B DATE OF	Lost 4. DATE Month OF DEATH F SIRTH  9. AGE (In years )	Day Year 19 19 F UNDER 1 YEAR IF UNDER 2
ers.	2	MAKKED NEVER MAKKED DIVORCED DIVORCED 12-2  O USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. Biduring most of working life, even if retired)	25-1892 lost birthdoy)	Months Days Hours
corbon pap ofter death.	13.	Conteactor Building	MARGIANA  THER'S MAIDEN NAME	U.SA.
remove 72 hours		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT OF NO. DR. WILLIAM OF NO. DR.	philia HUN Dick	ERSON # 0
Then please		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  PART I DEATH WAS CAUSED BY  DUE TO  DUE TO	ction	INTERVAL BETWO
ssit permit.		Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost.  (b) Ade val C( a de C C C C C C C C C C C C C C C C C C	- V disigne 5 Sto;	Ke_
buriol-transi	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT		N IN PART I(o) 19 WAS AUT- PERFORME YES N
20.00	ERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter no.)	dure of injury in Part I or Port II of item 18.)	

(IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year

225 DATE THEREOF

20d INJURY OCCURRED

While Not while at work

**ADDRESS** 

20c. TIME OF INJURY

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Hour e.m.

p. m.

MEDICAL

Rea. Dist. No

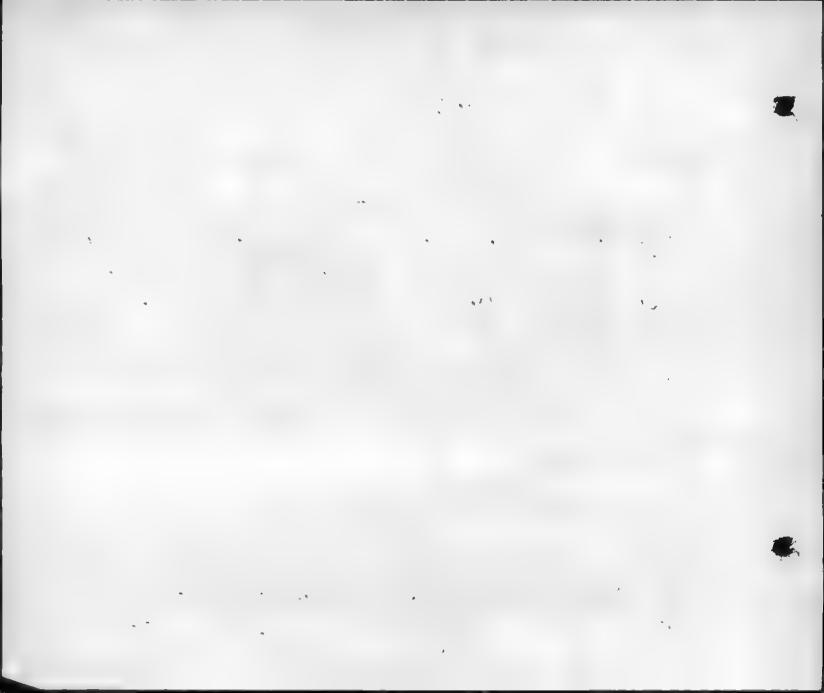
IS RESIDENCE YES NO 2

Yeor

19 55

IF UNDER 1 YEAR IF UNDER 24 HRS

65 Yrs 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 10dems NDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO fitem 18 ) 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.) \_\_\_\_\_, 19\_\_\_,that I last saw the deceased and that death accurred at # 2. HM, from the causes and an the date stated above DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



1

MARYLAND :	STATE DEPARTA	ENT OF HEALTH	-BALTIMORE, 18
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1/1957

	143	362	CERTI	FICA	ATE OF	DEATH			Reg. Dist	上空() . No.	J f
1. PLACE OF DEATH a COUNTY	Wicomico		MARY	LAND	- STATE	Marylai		d lived If institut b. COUNTY		before od	mission)
	N (If outside corporate lim	ils, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If ou	etside corpo	rate limits, write l	RURAL and gr	ve nearest l	lown) 🗸
Sal:	isbury		82 day	S	1	Cheste	rtown		14 X .		
	SPITAL (If not in hospital,	give street			d. STREET	ADDRESS			7.14 7.1		RESIDENCE
	Head State	Hosp	ital		Fa	irlee,	R.D.	2			N A FARM?
3. NAME OF DECEASED {Type or print}	Fi Ro	rst Sa.	Middle Bell			oti	4. DATE OF DEATH	Мо		Day 16	Year 19 58
5. SEX	6. COLOR OR RACE	7 MARI	RIED 🕅 NEVER MARRI	ED 🗍	B. DATE OF BIR	TH		9. AGE (In years lost birthday)	IF UNDER 1		NDER 24 HRS
Female	White	WIDOW	ED DIVORCE	0 🗆	July 16	. 1877		8] yes	Months E	ays Hou	urs Min
during most of	ATION (Give kind of work working life, even if retired BWIFE	done 10b.	KIND OF BUSINESS C	R INDU		del. D	_		12 CITIZ	U.S.	HAT COUNTRY
13. FATHER'S NAME						S MAIDEN N					
David	H. Webster				E	lla No	ra Ur	rv			
	EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. H	NFORMANT				dress		
Unk	none				Hospit	al Rec	ords.	Salisbu	rv. Ma	rvlan	d
	DEATH (Enter only one or DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO	ol	ne for (a), (b), and (c) Arterioscl		is, gen	eral				INTERVAL ONSEL A	BETWEEN ND DEATH
gove rise to Couse (a), stoli lying couse to	ing the <u>under-</u> DUE TO	)									
PART III.	OTHER SIGNIFICANT CON			ATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART	PE	RFORMED?
OR CONTRIBUTION OF CONTRIBUTIO	Diabetes WAS UNDERLYING II ING II CAUSE OF DEATH IFY MEDICAL EXAMINER		CRIBE HOW INJURY O	CCURRE	(Enter nature	of injury in Po	ort I or Por	t It of item 18.)	<i>y</i>	YES	□ NO [3]
20c, TIME OF IN	10	While	NJURY OCCURRED  Not white  at work	20e. PL/ foo	ACE OF INJURY tary, street, affic	(Home, form, te bldg., etc.)	20f. (City	or town)	(Co	unly]	(State)
21. I certify	that attended the	deceas	ed fram_Sept	. 24	. 19 5	8, 1a_ D	ec. l	6 , 19 5	8,that I lo	ist saw ti	he deceases
alive on	1 - /		58 , and that		accurred at	4.5ΩA	M, fron	n the causes of treel, city or town,	and an the		DATE SIGNED
SIGNATURE	4 ~ ~ ~	241	· come		w.d. Dee:	r's He	ad St	ate Hosp	ital	12	/16/58
PHYSICIAN'S NAME (Type)	L. V. Ma	ldve,	M. D.		Sal	isbury	, Mar	ylend			:
220 BURIAL CREMA REMOVAL (Spec	1./19/5	- ^	St. Pau		CREMATORY		Ches	TION (City, town, 3 tertow	n, id	• (5	State)
23 FUNERAL DIRECT	OR'S SIGNATURE	Je-	Chester	Сфул	, IId.	24a. REC'D		RAR 24b. REGI	ISTRAR'S SIGN		



## FOR STATE HEALTH DEPT.

HEALTH DEPI

M

I

TO DEPUTY MEDIC ... XAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certification within the word "pending" in pending in lem, 18. Give Pages 1, 2, and 3 to the foneral direction 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

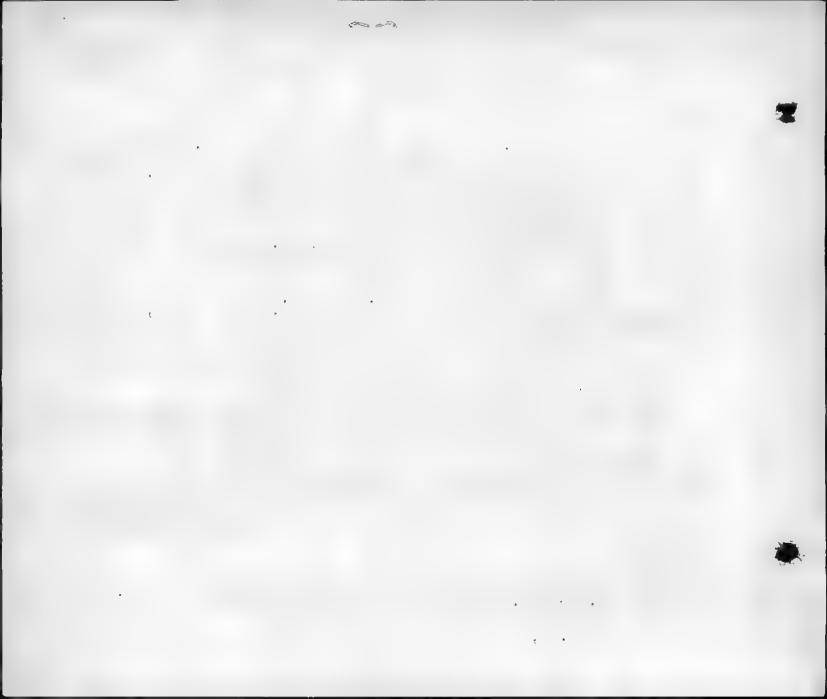
TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or remayor, and in any event within 72 hours after death.

2 2 VS. A15ME 5M 2/87

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14358

		Reg. Di	st. No.
1. PLACE OF DEATH o. COUNTY WICOMICO	MARYLAND 2. USUAL RESIDENCE (V	Where deceased lived. If institution: Res'de Yland b. COUNTY	icomico
b. CITY OR TOWN Iff outside corporate limits, write BURAL ond give negrest town)	GTH OF STAY IN 16 c. CITY OR TOWN (IF	f autside corporate limits, write RURAL and	give nearest town)
Rural Salisbury		isbury (Rural)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giv	11 4	22	NA LARM
Sheldon Ave. Box#	180   / She	ldon Ave.Box#180	YES NO X
3. NAME OF DECEASED (Type or print) RUTH V	IRGINIA COFFIN	4. DATE MONTH DEC.	8th 19 58
5. SEX 6. COLOR OR RACE 7- MARRIED N	EVER MARRIED . B. DATE OF BIRTH	fast .	TYEAR IF UNDER 24 HRS
Female White WIDOWED	DIVORCED   XXXX June 30	1-1909 49 - yrs. Months	Boys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote	or foreign country) [12, CITI]	ZEN OF WHAT COUNTRY?
House Work at Home	Wico. Co.	. Maryland U	J S A
13. FATHER'S NAME	TA. MOTHER'S MAIDEN N	VAME	- To difficult decemen
John Hayman	Nora Ruai	rk	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no. or unknown) (* yes, give war or dates of service)  NO	Mr. Somuel J. (Sheldon Ave.	Coffin(Husband)Bo	x#180 ryland
18. CAUSE OF DEATH [Enter only one cause per line (5), (1)		*	TINIERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	many Ocches	www.	ONALI ANDODA
4-20./ DUE TO			
Canditions, if any, which)			
gave rise to immediate couse (e), stating the underlying DUE TO			_
couse last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TERM	NAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CAUSE OF DEATH.	NJURY OCCURRED (Enter nature of injury in Port	I for Part II of item 18 )	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY C	factors stood affine hilder sto	n. 20f. (City or town) (Cou	nty) (Slate)
Hour ø, m. While N at work at work at	t work		
21. I certify that I look charge of the remains	s described above, held an Autops	y , Inspection A, Inquir	y Ki, and in my
opinian death resulted fram: Natural causes		Homicide, Undetermined m	
ACTUAL SIGNATURE	M.D. CHIEF MEDICAL EX	* September 1	DATE SIGNED
EXAMINER'S Dr. Earl L. Royer	ASSISTANT MEDICAL E	Dec.	8 /1958
220. BUR AL CREMATION, 226 DATE THEREOF 22c. NAI	ME OF CEMETERY OR CREMATORY	72d LOCATION (City, town, or county)	(Stote)
Burial Dec. 10, 1958 Wi	comico Memorial Par		aryland
23. FUNERAL DIRECTOR'S SIGNATURE ADI	DRESS 24p. REC'I	D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
HOLLOWAY & COMPANY SALIS	BURY MARYLAND DAT DEC	9 '58	A



e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TO

> > (State)

DATE SIGNED

(Stote)

(County)

Day

YES THE NO

Yeor

195

PPINCESS ANNF. ND

DATESTO

offending Š buriol-tronsit permi certificate FUNERAL DIREC å 3 should Dode 0 15M 10/57

completely popers. Pog

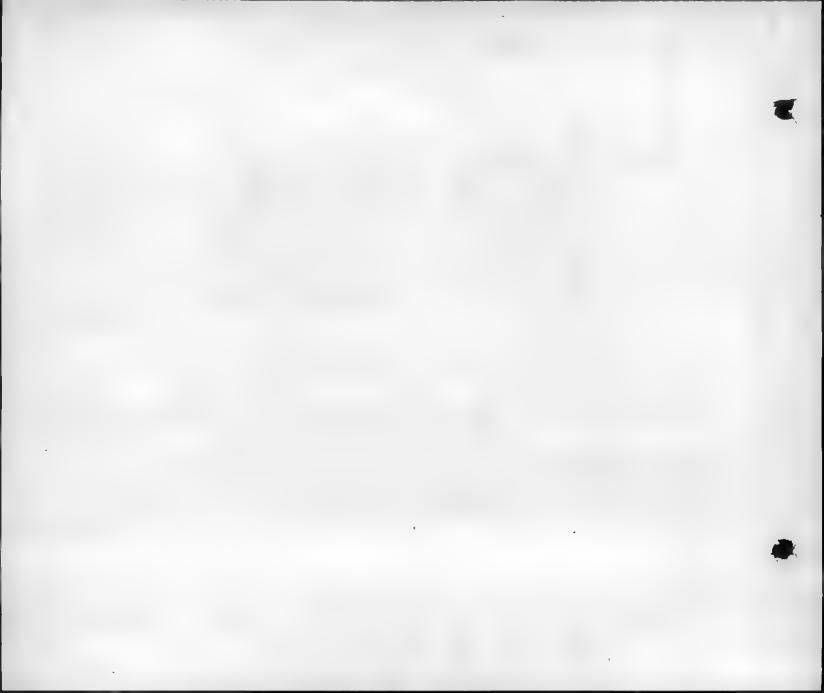
puo noq

hours

VS A15 (4)

prior

H. JAMES JR





alh. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 L L L E CERTIFICATE OF DEATH

11260

		1661	4	TIE OF BEATH	Reg. Dist	No. L X L U U
	1. 7	LACE OF DEATH		2. USUAL RESIDENCE (When de	ceased lived. If institution, Residence	e before admission)
	L	WICOMICO	MARYLAND	o. STATEM ARY 13	hd b. COUNTY WIG	c mico
	Ŀ	CITY OR TOWN (If outside corporate limits, write RURAL and give degrest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and gi	ve nearest town)
		TYASKIN	Lite	X TVACKIN	7	
	0	NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
		B 6x 76		136x 7	/	YES NO
	3. N	JAME OF First	Middle	Last 4. D		Doy Year
		Type or print) ///USE-S	vestly (	ShWAY DI	EATH 12	# 1958
	5. \$	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH 1894	Land Marketta A.	YEAR IF UNDER 24 HRS
	1	Y Co/ WIDOWE		11/28/104	E 4. yes.	Days Hours Min.
	100.	USUAL OCCUPATION (Give kind of work done lob during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or Fore	fign country) 12. CITIZ	ZEN OF WHAT COUNTRY
		FARMEY TA	armer (18 der		and le	15.91
1	13.1	TATHER'S NAME	_	14. MOTHER'S MAIDEN NAME	h 1/	•
)		Senjamin Conk	YSY	Priscill à	3 Wallace	2
		no, or unknown]           yes, give wor or dates of service)	3 14 - 1	NFORMANT	Address	, , ,
		1 CO NVL T	3-01-167/7	Juth Con	WOY. 1445K	in Md.
		18. CAUSE OF DEATH [Enter only one cause per lin	for (o), (b), and (c).]	110	// /	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ereliel.	Decelorate	el.	5 Jours
		DUE TO	0 0	0+	V <sub>O</sub>	
		Conditions, if any, which gove rise to immediate (b)	Lyekoras	Marie 10	eleupus -	Sycar
		codse (o), stoting the under DUE TO	) 0			
	z	lying cause lost. ) (c)	/	TAIGT OF LETTO TO THE TENNIA OF		
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONIKIBUTING TO DEATH BUT	NOT KELATED TO THE TEXMINAL DI	ISEASE CONDITION GIVEN IN PART	PERFORMED?
	J.	200. ACCIDENT WAS UNDERLYING [ 206. DESC	CRISE HOW INTURY OCCURRE	D. (Enter nature of injury in Part I a	or Port II of Jam 18 )	YES NO
	GERT	OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INVESTIGATION INTO COUNTE	s. Lines tolore or tillory in 1 on 1 a	n i dei n di stati i di	
	1 2		NJURY OCCURRED 20e. PL	ACE OF INJURY IHome, form, 20f.	(City or town)	ounty] (Stole)
	MEDICAL	Haur a.m. While	Not while fo	clary, street, office bldg., etc.)	fact, as carried	ioniti (arole)
	2	F****		0	11 150	
		21. I certify that t attended the decease	(3)	accurred at C) 30 PM		ist saw the deceased
		alive on 125	1.3,, and that death		fram the causes and an the ESS (Street, city or town, state)	e date stated above DATE SIGNED
		ACTUAL - Och Odl	ALONO LA	Marto	one-lied.	12 1 2
		SIGNATURE TO THE TOTAL TO THE TOTAL	The training	W.D	Mrs-Hrs	1-7-21-26
		PHYSICIAN'S FICHTRA	H SAUK	ders ND.	MANHORKE	Md.
		BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY 22d L	LOCATION (City, town, or county)	(State)
		DU. YI 0 12/7/58	Cammus	Ly Cen 7	Vackiz	Doct
	23.	WHERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY R	EGISTRAR 24b. REGISTRAR'S SIGN	NATURE
	1	to a se so a local	C 7. 1	DEC 1		H

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the card director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO MOSHITAL OR ETTENDING HIPSICIAN: The low requires that the destrificate be executed within 24 hours affe VS A1S (4) ISM 9/SS

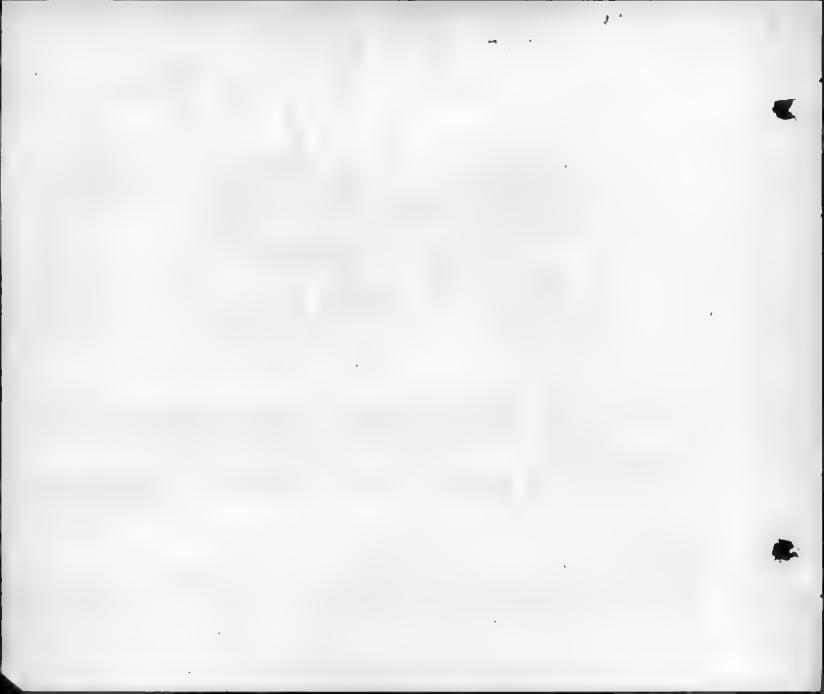


14361

100				164 81 10	1911 1407
X	. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceme	ed lived. If institution: Reside	nce befare admission)
1	Wiecmic		MARYLAI	VI) W	100/11/0
	<ul> <li>b. CITY OR TOWN (If autside corpora RURAL and give nearest town)</li> </ul>	te limits, write c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	prate limits, write RURAL and	give nearest town)
	Salisbury		X UELI	ZAR	
	d NAME OF HOSPITAL (If not in flose OR INSTITUTION	ital, give street address)	d. STREET ADDRESS	• / -	e, IS RESIDENCE ON A FARM?
	MINSULA	Ctur.Cl	KTD	<i>d3</i>	YES NO
	NAME OF DECEASED	First Middle	lost 4. DATE OF	Month	Day Year
	(Type or print) 1/0	h.N.	CORDIEU DEATH	Deec mb	10 20 19 51
	SEX 6. COLOR OR I	THE REAL PROPERTY OF THE PARTY	B. DATE OF BIRTH	9. AGE (In years of UNDER last birthday) Months	R 1 YEAR IF UNDER 24 HRS
	11/6/6 While	WIDOWED DIVORCED	12-21-1879	79 m	Doys Hours Min
1	during post of warking life, even if	work done 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State of foreign of	auhiry) 12. Cl	TIZEN OF WHAT COUNTR
	Tarry	farm	MARVLA	ND	リング
	3. FATHER'S NAME	1	14 MOTHER'S MAJOEN NAME	11:00	
	samuel C	molney	adeline	Hilchen	7
	5. WAS DECEASEDEVER IN U. S. ARMEI	FORCES? 16 SOCIAL SECURITY NO. 17	INFORMANT	Address	0 1
	NU	- UNONE I	ulf Cords	y. Klilyn	a 77/
	PART 1 DEATH WAS CAUSED	one couse per line far (o), (b), and (c) ]	1 1 1 -1		INTERVAL BETWEEN
	IMMEDIATE CAL	ISE (0) Chrone ory	elongshutur che	ranno	Commode
	204X DI	UE TO	010	0 /0 /**	
	Conditions, if any, which a	(b) tho-tedocho	-Cittinger of pan	water	141.
	couse (a), stoting the under-	JETO LITER IN A	of million.	6-1. Si	32.
	lying couse lost.	(c) / 1 / 4/10 (7)	of professiones of	Wollecton.	- Month
D	FARI II O INEK SIGNIFICANI	CONDITIONS CONTRIBUTING TO DEATH OU	T NOT PLIATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PAR	PERFORMED?
	200 ACCIDENT WAS INDEPLYING I	7 20h DESCRIPE HOW INTURY OCCUPA	ED (Enter nature of injury in Part I or Par	. !! - 6 '2 10 }	YES NO
	200 ACCIDENT WAS UNDERLYING ( OR CONTRIBUTING [] CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH JERY	to fence natura of injury in roll I of ror	r it or item is.j	
			LACE OF INJURY (Home, form, 20f. (City		
	Haur a.m.	19 While Nat while fi	actory, street, office bldg., etc.)	or town) (i	County) (State)
	21. I certify that I attended			, 19,that I	
	olive on	, IY, and that deat	h occurred at 1 2P M, from		
	ACTUAL /1/200	11.75/	ADDRESS (S)	Iseel, city or town, state)	DATE SIGNE
1	SIGNATURE LE CONCULTA	-14 1. aver 1-1	MD.	my rus	16 60)
	PHYSICIAN'S NAME (Type)				
	BURIAL CREMATION, 226. DATE TH	IEREOF 22c. NAME OF CEMPTERY O	OR-CREMATORY 22d AOGA	TION (City town, or county)	A Kingal
	SILM SPECIFY 12-23	3-58 /11/00		Von ac	(Store)
	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS )	24o. REC'D BY REGIST	TRAR 246 REGISTIAR'S SIG	GNATURE
	1. S-manel	Co- Delma	- LOUP DATES 50 2 9 5		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL OR A

pih: Poge 4

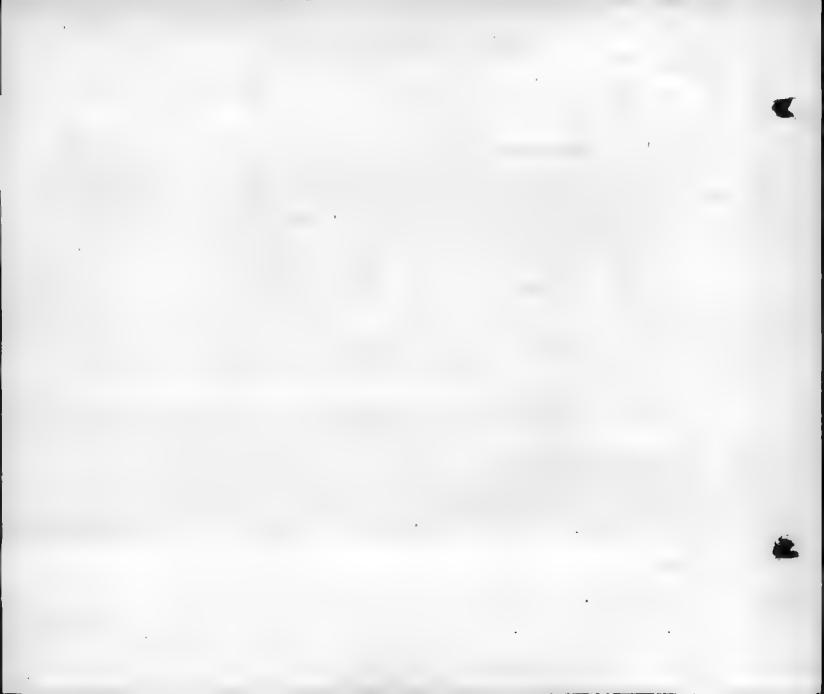


14362

4365	CERTIFICATE	OF	DEAT
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Reg. Dist. No.

	PLACE OF DEATH     COUNTY					2 USUAL RESID	ENCE (Who	ere deceased	lived If instituti		e before o	dmission)
		Wicomico				o. STATE Maryland b. COUNTY Que					n Anr	ne's V
	b. CITY OR TOWN (II RURAL ond give ne	104 day	1		own (H o		rate limits, write R	URAL and gi	ve nearest	fown)		
		Salisbury 104 days d NAME OF MOSPITAL (If not in hospital, give street oddress) OR INSTITUTION					DDRESS	TTG		-	le f	S RESIDENCE
1		d State He										ON A FARM?
	3 NAME OF	Fi		Middle	·	Los		4. DATE	Mon	th	Day	Yeor
	DECEASED (Type or print)	ጥኩ	omas	Henr		Deed		OF DEATH	Decembe		8	19 58
	5 \$EX			RIED X NEVER MARRI		. DATE OF BIRTH						UNDER 24 HRS
	Male	Negro	WIDOW			Sept. 2			9. AGE (In years lost birthdoy) 27 yrs			ours Min.
	100 USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUST	TRY 11. BIRTHPL	ACE (Stote o	or foreign co	untry)	12 CITIZ	ZEN OF W	HAT COUNTRY?
1	during most of work	ing tire, even ir retired	'			M	arvlar	Бr		,	U.S.A	
,	13 FATHER'S NAME					14. MOTHER'S					0.0.2	
	James	Deedon				Lol	eta C	oaker				
	15 WAS DECEASED EVER			SOCIAL SECURITY NO	17. IN	FORMANT			Add	ress		
	Unk	If yes give wor or dates of	ervice)	218-05-698	ga	Hospita	Rec	ords.	Salisbur	v. Ma	rvlar	nd
	18. CAUSE OF DEA									J ,	4/ ***	AL BETWEEN
		PART I. DEATH WAS CAUSED BY: Conond 1 and montaging										
	197.2	197.2 IMMEDIATE CAUSE (o) GENERALIZED SEPCONDE COSTS										
		A 714.7										
	gove rise to in	gove rise to immediate										
	lying couse last.	couse (p), stoting the <u>under.</u> DUE TO										
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY										
	ATIO		5	<u> </u>	~11 <u>1</u> BO! 1	TOT KEIRTED TO	THE PERMIT	NAL DIBEASE	CONDITION GIV	EN IN FARI	P	ERFORMED?
	200. ACCIDENT WAS	S UNDERLYING []	20b. DES	CRIBE HOW INJURY O	CCURRED	(Fater anture of	iniury in P	net I or Part	If of item 18.1		AE	S NO X
	THER, NOTIFY	· · · · · · · · · · · · · · · · · · ·			CCORRED	terren nordre or	mjory m r		n or nem 18 )			
	Y 20c. TIME OF INJURY Hour o. m.	Manth, Doy, Ye	or 20d. It While	NJURY OCCURRED  Not while	20e. PLA	CE OF INJURY (F	lome, form,	20f (City	or town)	[Co	ounty)	(State)
	p. m.	19		of work		,,						
	21. I certify the	at I attended the	deceas	ed from Aug.	26	, 1958_	, to_Des	8	, 19_58	,that I lo	ist saw	the deceased
	alive onDe	c. 8	, 12	_58_, and that	death	occurred at.	3:45R	.M, fram	the causes a	nd on the	e date s	itated abave.
1		1/1/ [	00						eet, city or town,			DATE SIGNED
l	ACTUAL SIGNATURE	15-100	LW	u,	M	.o. Deer	s He	ad Sto	te_Hospi	tal	12	/8/58
1	PHYSICIAN'S		_	/-					-			7-11-2-1-1-1
1	NAME (Type)	L. V. Mal	dve,	M. D.		Sali	bury.	Mary	land			
	220 BURIAL, CREMATION REMOVAL (Specify)			22c NAME OF CEMI				22d LOCAT	ION (City, town, o	or county)		(Stote)
	Bura?	Dec 10 -1	78	Private a	)elical	any		Beach	nsticle )	4 trul	well	e Ilia
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		2/0	24a. REC'D	BY REGISTI	RAR 246 REGIS	TRAR'S SIGN	NATURE	-
	W /acoardoa	clond Back	m Be	10 Cratus	rech	Medi	DATE	1 5 158	00	. 21		



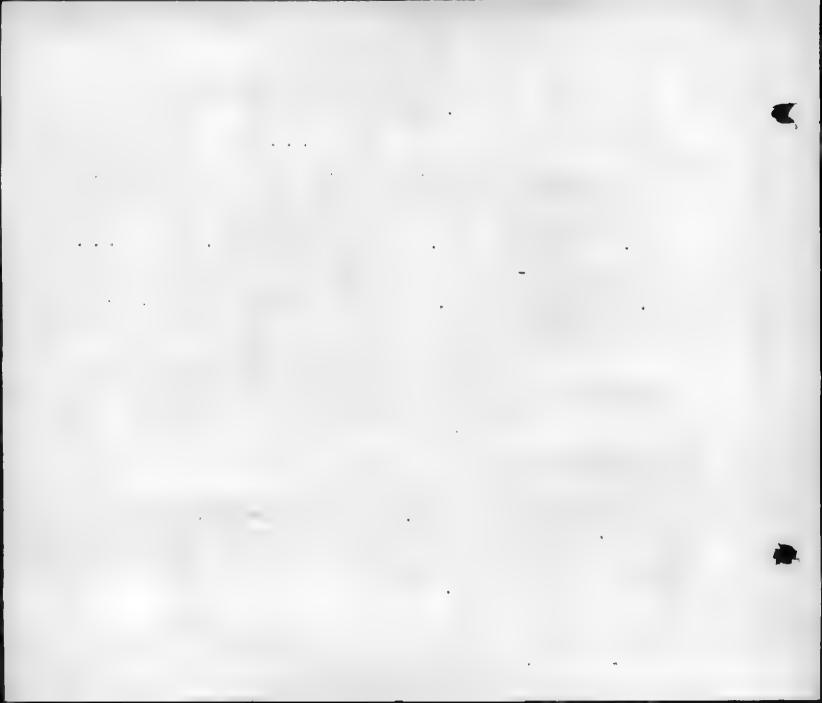
1	4	3	6	1
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**CERTIFICATE OF DEATH** 

ļ			000							Keg. Dist. I	40.
1	PLACE OF DEATH o. COUNTY	icomico		MARYL	AND	- STATE	dence (who		d Irved. If instituti b. COUNTY		
-		outside corporate limi	ts write	C LENGTH OF STAY II	N 15				role limits, write R	ILIDAL and ave	nament towal
	RURAL and give ne	arest town)	13, 177714						rote mmin, write it	DKWr Gud Give	redust town)
<u> </u>		alisbury		3mos. 9 day	78		Vestor	rer			
	<ul> <li>NAME OF HOSPIT.</li> <li>OR INSTITUTION</li> </ul>	AL (If not in hospitol, g	ive street	oddress)	-	d. STREET A		.,			e. IS RESIDENCE ON A FARM?
L	Deer's Hea	d State Ho	spit	al		I	R.F.D.	#1,	Box 179		YES NO
3.	NAME OF	Fic	st	Middle		los	t	4. DATE	Mor	alh	Day Yeor
	DECEASED (Type or print)	Samuel		Henry		Doane	е	OF DEATH	Decem		5, 1958
5. :	SEX	6. COLOR OR RACE	7 MAR	RIED K NEVER MARRIED		3. DATE OF BIRTH			9. AGE (In years lost biglinday)		
	Male	Negro	WIDOW	ED DIVORCED		June 20	<b>, 1</b> 881	1	71 yrs.	Months Day	s Hours Min
10a	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPL	ACE (Stote (	or foreign c	ountry)	12. CITIZEN	OF WHAT COUNTRY?
	during most at work	ing life, even if retired	)							11	S.A.
13	FATHER'S NAME		!	Unk.		14. MOTHER'S	Cess A		rid.	. 0 .	Dene
		Henry Doan				Harg		PARIE .			
15		IN U. S. ARMED FOR	-	SOCIAL SECURITY NO	117 IN	FORMANT			4.1.1	lr ess	
	no or unknown)	If yes, give wor or dates of s	erv cs}				l Page	anda -	- Salisbu		rland
	Unk.			Unk.	1	Hospita.	reco	orus -	- Dailand	iy, nai	y Land
		•	use per li	ne for (o), (b), and (c) ]						11	NTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE 16	Res	idual left	hemi	plegy di	ue to	cereb	oral hemo	rrhage	NSEL AND DEATH
		DUE TO									
	Canditions, if or	which )	. Urre	ertensive a	ntar	naclar	otic	cardi e	พระคบไลร	diseas	e ?
	gove rise to in	nmedrole ( Due To		CI COUDIAC C	1 001	TOBOTCT	0010	004 04	370000200		-
	tause (a), stating the lying course lost.	he under-									
7		) (c	·								1
2	PARE II. OIH	EK SIGNIFICANT CON	DILION2	CONTRIBUTING TO DEAT	H SUIT	AOI KETATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	ZEN IN PART 1(0)	PERFORMED?
2			-	<u>ubiti</u>							YES NO
CERTIFICATION	20g ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206 DES	CRISE HOW INJURY OC	CURRED	(Enter noture of	finjury in P	ort I or Por	f II of (lem 18.)		
3	20c. TIME OF INJURY	Month, Doy, Ye	ar 20d. t	NJURY OCCURRED 2	20e. PLA	CE OF INJURY (	Home, form,	20f (City	or fown)	(Count	ly) (Slote)
MEDICAL	Haur o.m.	19	While	Nat while	foct	ory, street, office	bldg., etc.	)		,	,,
2	р. т.		1		2 5	r'0	n.	o amb a	יי אר בא	1	
	21. I certify the	at I attended the		ed from Sept.							
	alive onDe	25	, 195	O, and that a	death	occurred at.	0:45	PM, from	n the causes o	and an the c	date stated above.
		1. Tuan		MA				ADDRESS (S	Ireel, city ar town,	stale)	DATE SIGNED
	ACTUAL SIGNATURE	"; aco	ua	u.MD	N	LD	alisb	urv. I	Maryland	De	c. 26, 1958
		. (		14 15							**************************************
_	PHYSICIAN'S NAME (Type)	Verner Juer		м. р.		1 45 p. 46 de as q. 111 p					
220	BURIAL CREMATION	- 4		22c. NAME OF CEMET	ERY OR	CREMATORY			TION (City, town,	7.1	(State)
	PEMOVAL (Specify)	12/28/	58	John Wes	ley			Cott	age Gro	ve, Mar	yland
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'E	BY REGIST	RAR 245. REGI	STRAR'S SIGNAT	URE
V	lliam H.	James Jr	Pri	ncess anne	e.ma	aryland	DATE DE	0303	58	TI + 8 L	ass.
					-		100				

rerol director, be-fitted with death. Page 4 may be retained. The hospital or attending physician.

TO FUNERAL DIRECTAL After this certificate has bell signed by the attending physician and campletely filled in by the page 3 shalld be also acked for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld the registrar prior to burial, cremation, or removal, and in any event within 72 hours efter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter VS A15 (4) 15M 9/55



## FOR STATE HEALTH DEP Page files. of Heolth,

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14364 14367 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No.

ř.	2,	PLACE OF DEATH	178		2. USUAL RESIDENCE			
			Wicomico	MARYLAND	o. STATE MA	ryland b	COUNTY W1C	omico
1	l t	b. CITY OR TOWN (If a and give nearest town)	Salisbury	c. LENGTH OF STAY IN 16		f outside corporate lim		
1		d. NAME OF HOSPITA	Pen. Gen.	hospitot, give street oddress) Hospital	d. STREET ADDRESS P.	0.B# 21		ON A FARM
	1	NAME OF DECEASED (Type or print)	WILLIAM	HENRY I	ONOWAY	4. DATE OF DEATH		nd 1958
	5. 5	Male	7.77 A. A	ARRIED NEVER MARRIED DIVORCED DIVORCED	arch 23.19	9. AGE II fost party	day) Atombe D	EAR IF LINDER 24 HX5
1	_0	usual occupation during most of working unk Deale	life, even if retired)	06. KIND OF BUSINESS OR INDUS  Junk	TRY 11. BIRTHPLACE (Stote		12. CIT.ZE	N OF WHAT COUNTRY?
1	13.	GRONGE	Banjamin Do	MOMBA	14. MOTHER'S MAIDEN Ella Ni	NAME		
	15. {Yes		IN U. S. ARMED FORCES?	The cocial recuelty NO Tax	NFORMANT 'S. Emma L. E - Parsonst	onoway(Wi	Addan P.O.B	.# 21
		1	Enter only one couse per WAS CAUSED BY:	line for (o), (b), and (c).}		ATES DET	Tours.	ENTERVAL RETWEEN ONSET AND DEATH
J		923	MMEDIATE CAUSE (6)P.	oripheral circ	ulatory fa	ilure		hours
V		Conditions, if an	which the	Intra-abdomina	1 hemorrhs	ge in rei	ro-perit	ineum "
		(0), stating the ur				J		
policy of the second	CERTIFICATION	PART N. OTHE		S CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CONDIT	ON G VEN IN PART 1	(b) 19. WAS AUTOPSY PERFORMED? YES NO [X]
	ERTIFI(	20g. EXTERNAL CAUS PRIMARY THE CONT CAUSE OF BRATH.	E WAS PRIBUTING   206. DES	CRIBE HOW INJURY OCCURRED. (	inter nature of injury in Per	rt Far Port II of Hem 16	}	
	MEDICAL C	20c, TIME OF INJURY	Month, Doy, Year 2	Lver of truck	that ran c CE OF INJURY (Home, form ory, street, office bldg., etc	n. 20f. (City or town)	and overt	
	MEE	5.45 PP N	12-2-589	work of work She	vox Rd.	Salish		comice Md
				ne remains described abo al couses []. Accident [		Hamicide , (		teat /
		ACTUAL SIGNATURE_	tal R	× -	M D, CHIEF MEDICAL E			DATE SIGNED
		EXAMINER'S NAME (Type) Dr	Earl L. Ro	oyer	ASSISTANT MEDIC DEPUTY MEDICAL		Dec. 4	/1958
		Burial-	Dec. 7- 19		Cemetery	22d. LOCATION (City R.D.# 2	Snow H11	(Slote) 1, Marylan
		FUNERAL D RECTOR'S		ADDRESS			b. REGISTRAR'S SIGNA	
	П	OLLOWAY 8	COMPANY	SALISBURY MAR	RYLAND DATEDE	C 8 '58	a "hun 8, 10	aud

TO DEPUTY MEDILE. TEAMINE. This certificate should be executed within 24 hours after death. If any delay is necessex execute the certificate ward "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral direct should be for marriang the ward fixeniner's Office along with farm PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to borial, cremation, or removal, and in any event within-72 hours after death. VS. ATSME 5M 2/57



**CERTIFICATE OF DEATH** 14368 Reg. Dist. No. . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY Wicomico Maryland & COUNTY MARYLAND Wicomico b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d/STREET ADDRESS e. IS RESIDÊNCE ON A FARM? Gen Hospital YES NO 3 NAME OF DECEASED First Middle 4. DATE Lost Month Yeor OF DEATH MARGIE LEE EFFORD DEC. (Type or print) 18th 19 58 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 89 yrs Months March 14,1869 Female White WIDOWED IX DIVORCED [ 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? House Working life, even if refired) Marvland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Nickolės Moore Nellie Wilson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Amanda Arvey(Daughter)R.D.# No Parsonsburg Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY CATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part II of item 18) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED (County) (Slole) factory, street, office bldg , etc.) Hour o m. While Not while of work p. m of work 21. I certify that I attended the deceased fram. \_\_that I last saw the deceased 10: M. from the causes and on the date stated abave. alive an and that death accurred ADDRESS (Street, city of lown, stole) DATE SIGNED ACTUAL SIGNATUR 958 PHYSICIAN'S NAME (Type) Dr e N. Division St. Hearn Salisbury, Maryland

220 BURIAL CREMATION, 226. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Parsons Cemetery

SALISBURY MARYLAND

22d LOCATION (City town, or county) Salisbury, Maryland

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE HOLL WAY & COMPANY

OFC 2 3 '50

24o, REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

director,

shauld

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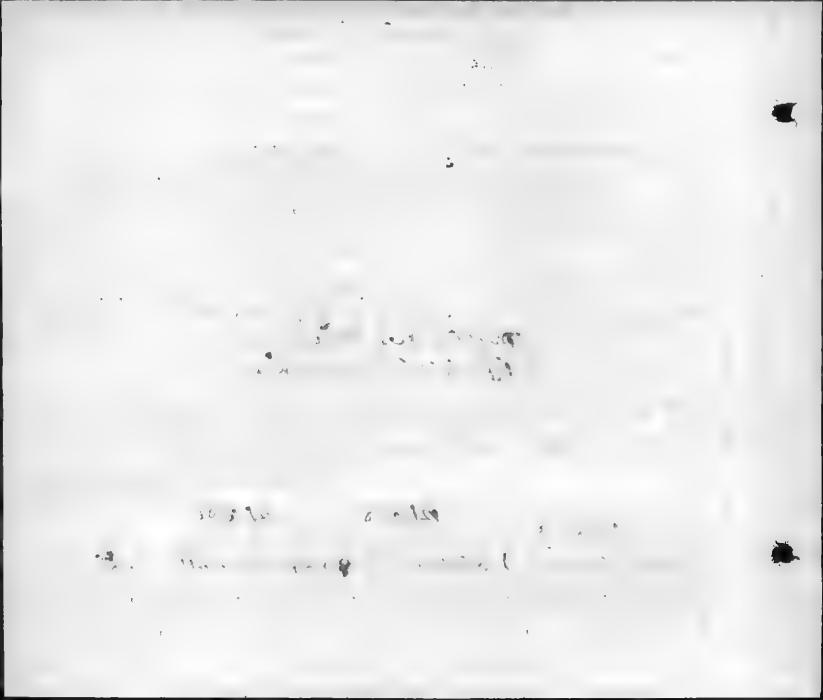
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FUNERAL

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degth. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14367

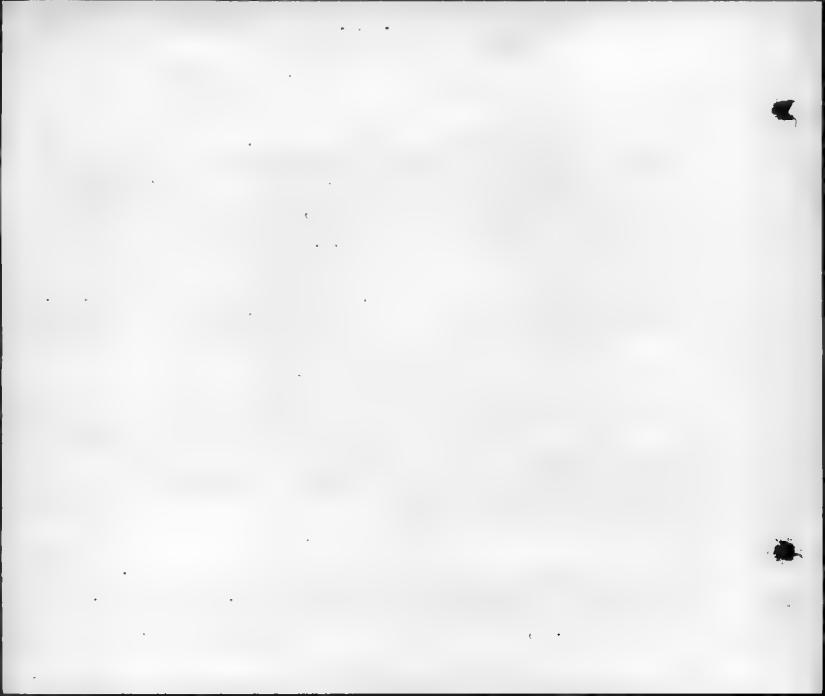
CERTIFICATE OF DEATH 17,360

Aprillane	-	_	_

<u> </u>	2002						Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY WICOMIC		MARYLANI	2	USUAL RESIDENCE (V	yland	d lived. If institut b. COUNTY	ion Residence W1C	omico
b CITY OR TOWN (If outside carporate time RURAL and give nearest town) 1 Sbull	its, write c. LE	ENGTH OF STAY IN 1	1/.	c. CITY OR TOWN (I	f outside corpo 1 sbur		RURAL and gi	ve nearest lawn)
or Institution Pen Gen				d STREET ADDRESS	9 <b>N.</b> D.	ivision	St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF FINAL DECEASED (Type or print) ANN	IE .	Middle BELL		ELLIS	4, DATE OF DEATH	Mo DE	ic.	26th 19 58
Female White	WIDOWED 🖔	_	Ap	ril 20, 18		9 AGE (In years last burthday) OO yrs	Menths D	YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired House Fork	11 1	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (SIO			I'd CITIZ	U S A
3. FATHER'S NAME			14	Matilda	_			
Henry Dykes  15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes no or unknown)  (If yes, give war or doles of the control of the co	RCES? 16. SOCIA	AL SECURITY NO.	INFOI I'S	Manith Hu	beny(	Daugh !!	'f'')110	9 N.Div.S
1B. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c L L L L L L L L L L L L L L L L L L	a) Ari	teriosele	ros	tic Care	·	escila	1	INTERVAL BETWEEN ONSET AND DEATH 12 12
PART IF OTHER SIGNIFICANT CON  200 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		PLNC HOW INJURY OCCUR	lit	4			VEN IN PART	1(0) 19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER)  OR CONTRIBUTING	White I	OCCURRED 20e Nat while of work	PLACE (factory,	OF INJURY (Hame, fo street, office bldg., e	rm, 20f. (City	or lown)	(Co	ounty) (State
21. I certify that I attended the alive on alle 26			T)	. 19 <i>58</i> to curred at 5:15	F_M, from	26, 1956 In the causes treet, city or town,	ond an the	ist sow the deceose dote stated about DATE SIGN
NAME (Type) Dr. Alberts	a Matte	NX.	7	11 Camde	n Ave	. Salis	bury,	Md.
226. BUR AL, CREMATION, 226 DATE THERECO		Parsons				NON (C by, town, Salisbu		ryland
23 FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY		ADDRESS LISBURY M	ARY	1	DEC 3 1	, we #9	Istrar's sign	

TO HOSPITAL OR AXTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to the haspital or attending physician.

TO FUNERAL DIRECTOR'S After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 1SM 10/57



E	4	3	U	8	

	MAKIL	ltem				3-742	et	IIMOKE, I	0		E T	900
	14	370	CERTIF	ICA	TE OF	DEAT	TH .		Reg. C	Dist. No.		
1. PLACE OF DEATH COUNTY	comico	<i></i>	MARYLA	AND	2. USUAL RE o. STATE	Mary:		d lived. If instituti b. COUNTY		timo		ity
b. CITY OR TOWN (If RURAL and give ne Salis		ls, write	c. LENGTH OF STAY IN 2441 days		c CITY O		foutside corpo imore	orate limits, write R	URAL and	give ned	rest town	n}
d. NAME OF HOSPITA OR INSTITUTION	Al (If not in hospital, g s Head Sta		address)		d. STREET	ADDRESS Bo/1/t/1	Unki poye /0:	nown i/t//, Hospi	ħД/			FARM?
3 NAME OF DECEASED (Type or print)	Samu	_	Middle			losi lis	4, DATE OF DEATH	Decemb		Do	£.	Yeor 19 58
s. sex Male	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARRIED ED DIVORCED		DATE OF BI	ятн Аррз	rox.	9. AGE (In years lost birthday) 75% yrs.	Months .			
10a USUAL OCCUPATIO during most of work	N (Give kind of work on the life, even if retired)	dane 10b.	KIND OF BUSINESS OR	INDUST		iplace (Sio Russia		country)	12. C	TIZEN O	F WHAT	COUNT
13. FATHER'S NAME Samuel	Ellis				14 MOTHER	-	NAME ibbith					
15. WAS DECEASED EVER		CES? 16.	SOCIAL SECURITY NO.		FORMANT Hospita	al Re	cords,	Salisbur		aryla	and	
PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE (o		ne for (o). (b). and (c)] Cerebral va	scu	la <b>r ac</b> o	cident	ե				RVAL BE	DEATH
Canditions, if on gave rise to in	nmediate (		General art	erio	scler	osis				7	Zean:	3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION Residual left hemiplegia 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20d INJURY OCCURRED While Not while at work

20e. PLACE OF INJURY (Home, form, 20f (City or town) factory, street, affice bldg., etc.)

(County) (State)

21. I certify that I attended the deceased from April 2 ... 1952, to Dec. 16 ... 1958 that I lost sow the deceased alive on Dec. 16 ... 19.58, and that death occurred at 7:154 M, from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

DATE SIGNED

19.76/58

22b DATE THEREOF

YES NO DO

a tomasting ACTUAL SIGNATURE

Deer's Head State Hospital

NAME (Type 220 BURIAL CREMATION, G. Kosmahly, M. D.

Salisbury, Maryland 22c'NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county)

REMOVAL (Specify)

- ADDRESS

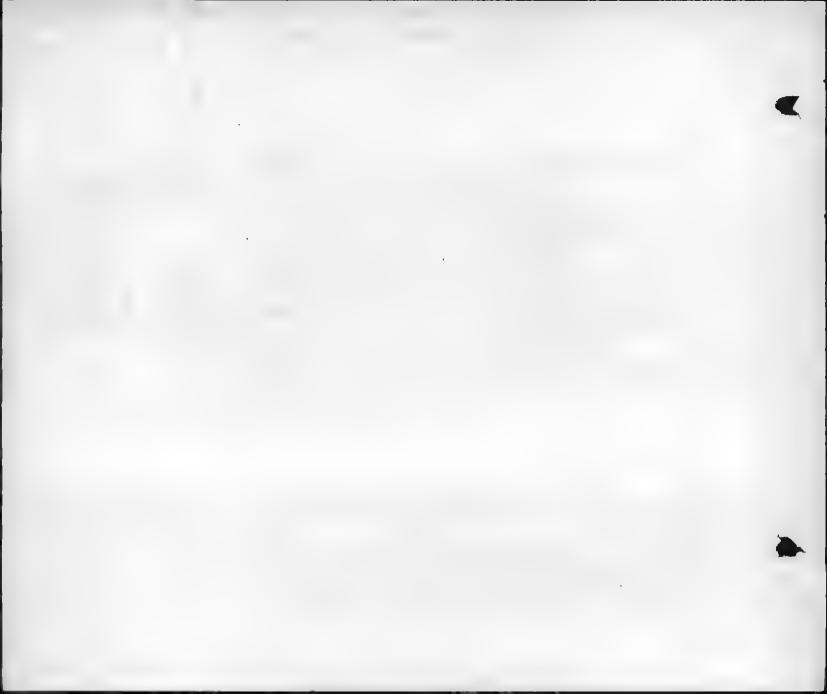
24a. REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

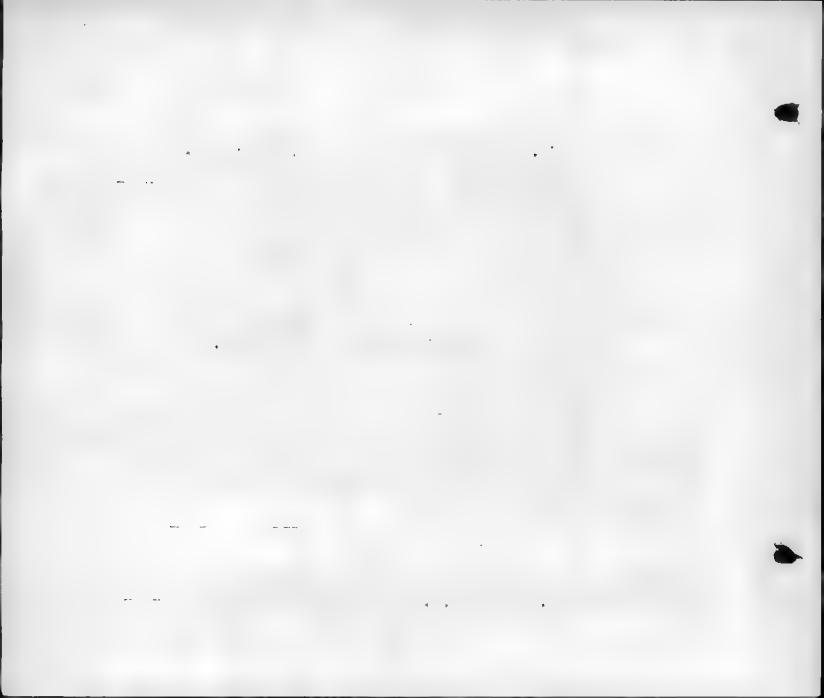


Z.		MA	RYLAND \$1	TATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 1	8 14369 ·
>			14371	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
	。 CO	Wilcomica		MARYLAND	2. USUAL RESIDENCE (Who o. STATE MAR)	re diceased lived. If institution HZA NOb. COUNTY	n-Residence before admission)
	RU	Y OR TOWN (If outside corpore PAL and give nearest lawn) Salisbury		LENGTH OF STAY, IN 16	、居在日	riside corporate limits, write RU	IRAL and give nearest town}
	OR	ME OF HOSPITAL (If not inchos INSTITUTION	General	Hospital	/d. STREET ADDRESS	st.	e. IS RESIDENCE ON A FARM? YES NO
		ASED or print)	Villian	Middle	Emrich	4. DATE Month	n ber 15 1958'
	5 SEX	ALE Whi	WIDOWED [	and the state of	3/25/1879	loss birghdoy)	Months Doys Hours Min.
	1112	A. OCCUPATION [Give kind of ng nost of working life reven if CICAL VOC	work done 100 KIN	N, RACICO	2 111111194	ANU	U. S. A.
	H	ZRMAN	EMRI	HSI	REDECC	AVONDE	ER HYDE.
	(Yes. no o	(If yes, give war or a	D FORCES? 16, SOCiates of service)	NONE M	R, Wm, S, Er	wich, An	rapolis md.
		CAUSE OF DEATH [Enler only PART I DEATH WAS CAUSE IMMEDIATE CA	one couse per line for D BY: USE (o)	or (0), (b), and (c).]	seal a	eatent	INTERVAL BETWEEN ONSET AND DEATH
	Co	5 5.3  nditions, if ony, which are rise to immediate.	(b) Cint	terrale	our, yenes	alex al	
	Lyir	se (o), stating the <u>under.</u>	(c) Can	renon-(	denr) De	guird	
	CERTIFICATION OOL (1)	Benno 1	matelu	- Hypertist	h E Voude	weel Old	N IN PART 1(b) 19 WAS AUTOPSY PERFORMED? YES NO
		ACCIDENT WAS UNDERLYING ONTRIBUTING EL CAUSE OF D THER, NOTIFY MEDICAL EXAM			D (Enter noture of injury in Pa		
	WEDICAL 20c.	ME OF INJURY Month, Da Haur e. m. p. m.	y, Year 20d. INJUR While at work	Not white 10	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
		e an Size 15	the deceased		12, 1957, 10 00 accurred at 1049 P	.M, fram the causes ar	that I last saw the deceased and on the date stated above
1	ACTI	ATURE William	-B To	and a		DDRESS (Street, dity or town, s	
- [	NAN	ICIAN'S WILLE	m B	Long	MEDICE	LCENTE,	R. SALIS BORY
	220 PHR	AL CREMATION 226. DATE T	8/58 7	E DRON		TEDRON (CITY, TOWN, OF	MARY LAND.
	H	PAL DOMAN	Salis	buy, med		BY REGISTRAR 246 RÉGIST	RAR'S SIGNATURE
		nomas	18, Bak	bei			



REPLACEMENT CERTIFICATE

FILM # 238 1/23/59 ams

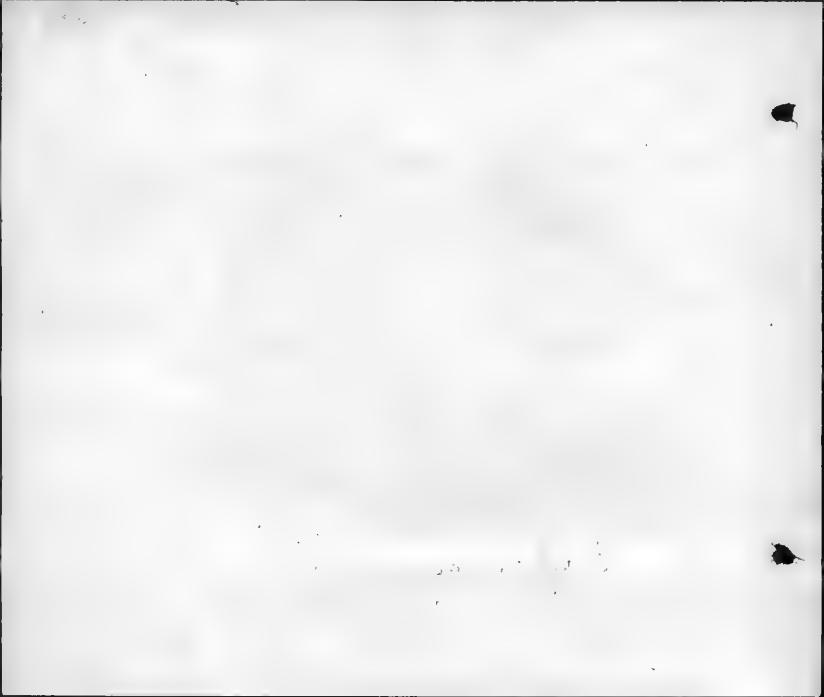


VS A15 (4)

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14373 CERTIFICATE OF DEATI
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	[ 60 1 4						añ. nist.	190.
1. PLACE OF DEATH COUNTY WICOMICO		MARYLAND		STATE Maryle		If institution:	Residence Talbo	
b. CITY OR TOWN (If outside corpore RURAL and give nearest fown) Salisbury	ote limits, write	c. LENGTH OF STAY IN 18	с.	CITY OR TOWN (IF o		nits, write RUR/	AL and give	e nearest town)
d. NAME OF HOSPITAL (IF not in hospor Institution  Deer's Head State			d	STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First William	Middle		Gibson	4. DATE OF DEATH	Decembe	ər	Doy Yeor 29 19 58
5 SEX 6. COLOR OR Colore	-	NED NEVER MARRIED DIVORCED		t. 7. 1885	9. AG			YEAR IF UNDER 24 HRS  Oys Hours Min
10a. USUAL OCCUPATION (Give kind of during most of working life, even if	work done 10b. retired)	KIND OF BUSINESS OR INC						EN OF WHAT COUNTRY
13 FATHER'S NAME			14.	MOTHER'S MAIDEN N	IAME	·		
Charles Gibs	on			Katherine	Copper			
15. WAS DECEASED EVER IN U. S. ARME (Yes, no. or unknown) (If yes, pre wor or d			INFORM	s Head Hos	spital Re	Address cords.		sbury, Md.
18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE) IMMEDIATE CA	Day And						1	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which )		eriosclerosis	s ger	eral				?
Past II. OTHER SIGNIFICAN Severe chronic	rheumat	coid multiple	arth	ritis with	deforma	tion	IN PART 1	(e) 19 WAS AUTOPSY PERFORMED? YES NO &
OR CONTRIBUTING CAUSE OF D	DEATH NER)	CRIBE HOW INJURY OCCUR	RED. (Enle	r nature of injury in P	art for Part If of	tem 18 )		
20c TIME OF INJURY Month, Doy Hour o.m. p. m.	While		PLACE OI factory, st	INJURY (Home, form, reet, office bldg., etc.	20f. (City or tov	rn)	(Cou	unty) (State)
21. I certify that I attended alive on Dec. 29		S&, and that dea	th accu	rred at <b>11:30</b>	M, from the	causes and ity or fown, stat	l an the	date stated above
PHYSICIAN'S NAME (Type)		1, M. D.	M.D	Deer's Hea Salisbury,			al	12/29/58
220. BURIAL, CREMATION, 226. DATE T	HEREOF - 5 87	PIC NAME OF CEMETERY	OR CREN		20 JOCATION (	City, tawn, or c	ounty)	(State)
23 FUNERAL DIRECTOR'S SIGNATURE	Liek.	ADDRESS  Onton	m	24a. REC'D DATÉ FA N	BY REGISTRAR	24b. REGISTR	AR'S SIGN	ATURE



ath. Poge 4

14372

		143	74	CERTIFI	ICA	TE OF	DEATH	l		Reg. Dist	. No.	
	PLACE OF DEATH O. COUNTY	Wicomico		MARYLAI	ND	2. USUAL RES	Mary	ere deceosed live	d If institution		before od	
	b. CITY OR TOWN (II RURAL and give ne	outside corporate limits.  orest town) Salisbury		OF STAY IN	1Ь	c. CITY OR	- m	otside corporete	limits, write RL	JRAL and gr	re nearest l	own)
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol, give 629 Railr				d STREET	ADDRESS	Railro	ad Ave	)	10	RESIDENCE NA FARM?
	NAME OF DECEASED (Type or print)	JOHN		Middle LIAM		GORD	ost	4. DATE OF DEATH	DECEM		Doy 2nd	Yeor 19 58
5. 5	sex Male	6. COLOR OR RACE 7 White w	MARRIED NEV	/ER MARRIED   DIVORCED		DATE OF BIR		100	GE (In years pal birthday) 93 yrs.		YEAR IF UN Pays Hou	NDER 24 HRS
	Retired .	N (Give kind of work don ing life, even if retired) Lumberman		usiness or ii Manifa			R.D.7	A P	el,Del		EN OF WH	AT COUNTR
L	father's name John Gore	V				14 MOTHER	Nanc:	AME y Puse:	y			
{Yes		R IN U. S. ARMED FORCES If yes, give wor or dates of service				Sel:	M.Gor	dy(Wife	e)629	Rail	road	Ave.
		TH [Enter only one couse TH WAS CAUSED BY IMMEDIATE CAUSE (o)	per line for (a), (b	(c) }	C	Steal	int	lice	ido	H		BETWEEN NO DEATH
	Conditions, if or		Miles	L.		a le	rose					
	gove rise to in couse (o), stating t lying cause lost		Meckean	ueal!	1/2	estete	- Ble	chen	~			
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDÉ	IONS CONTRIBUTIE	NG TO DEATH	BUT N	OT RELATED TO	O THE TERMIN	IAL DISEASE CO	NETTION GIVE	EN IN PART	PER	AS AUTOPSY FORMED?
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH I	b. DESCRIBE HOW	INJURY OCCL	URRED	(Enter noture	of injury in P	ort I or Port II o	f item 18.}			
MEDICAL	20c TIME OF INJURY Heur o.m. p.m.		20d. INJURY OCCI While Not w at work at wor	hile	e PLA	CE OF INJURY pry, street, offic	(Home, form, te bldg., etc.)	20f (City or I	own)	(Co	unly)	(Stole)
	21. I certify the	at I attended the de	: 17			occurred al	2, 10	Anthon th				ne decease
	ACTUAL SIGNATURE	1/04/	5 Free	the	N	Mes	1 Cin	DDRESS (Street,	city of town, the		5	DATE SIGN
	PHYSICIAN'S Dr	William B	.Smith			Sal:	lsbury	. Mary	land	7-7		
220	BURIAL CREMATION REMOVAL (Specify) BUT181-	Dec. 5.19		e of cemeter rsons		crematory metery	1	22d LOCATION Salis	_	1.0	rland	lote)
	FUNERAL DIRECTOR'S	SIGNATURE COMPANY	ADDR		M A T	YT.AND	240. REC'D	BY REGISTRAR	24b. REG15	TRAR'S SIGN	IATURE	

VS A15 (4) 15M 9/55



14373

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CERTIFICATE OF DEATH

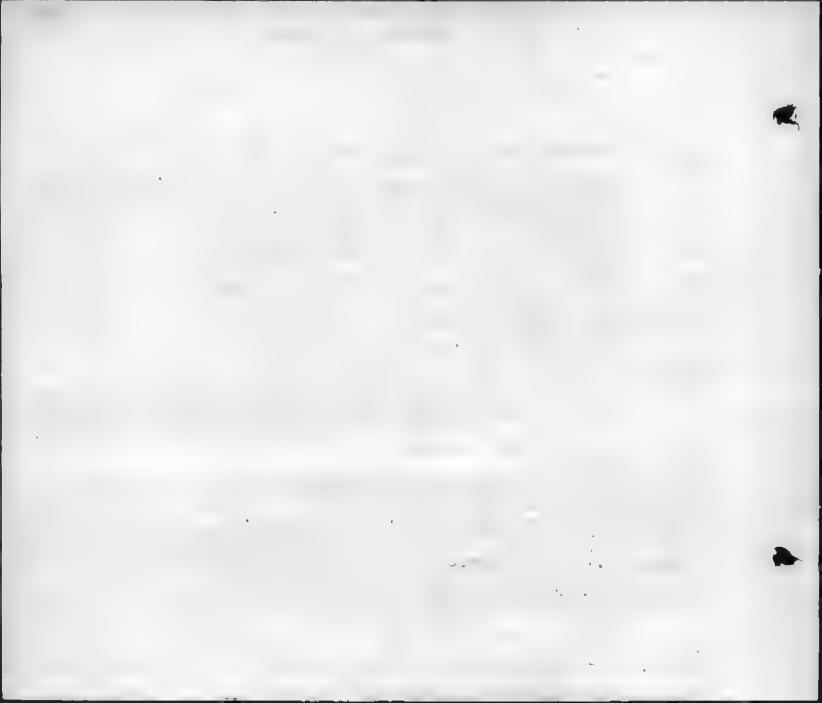
	14212	CERTIFIC	AIE OF D	EATT			Reg. D	ist, No.		
1. PLACE OF DEATH 6 COUNTY	Wicomi <b>co</b>	MARYLAND	- CTATE	ence (wh		d lived. If institute b. COUNTY	_	rche		•
b. CITY OR TOWN I RURAL and give in Salisbu		c LENGTH OF STAY IN 16	11 .	ambri		prote fimits, write R	URAL and	*	rest fowr	) v
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street Head State Hospi	*	d. STREET A	ooress Park	Lane					FARM?
3. NAME OF DECEASED (Type or print)	First Oda	Middle	Green		4. DATE OF DEATH	Mon Dec		D <sub>0</sub>	,	Year 19 58
5. SEX Male	6. COLOR OR RACE 7. MARE		8. DATE OF BIRTH		1885	9. AGE (In years lost birthday) 73 yrs.	IF UNDE Months	R 1 YEAR Days	Hours	R 24 HRS, Min.
10a USUAL OCCUPATE during most of wor	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR IND		rylar		ountry)	12. CI	TIZEN O		COUNTRY
13. FATHER'S NAME Thomas	Green		14. MOTHER'S ROS	MAIDEN N	_				-	
15 WAS DECEASEDEV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Ho	spita	al Rec	eords Add	7035			
Canditions, if a gave rise to i couse (a), storing lying couse lost.	mmediate the under-	Ca. of color						ONS		реатн
CATIC	HER SIGNIFICANT CONDITIONS						EN IN PA	KI 1(0) 1	PERFO	RMED?
3 20c. TIME OF INJUI	G CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Year 20d. II		PLACE OF INJURY (H	ome, farm,	20f (Cih		(	(County)		(Slote)
	hat I attended the decease lec. 15 , 19  Er. V. Juerman	ed from Nove	м.р	, 10 I 1:05/ er's	Dec. Dec. Dec. Dec. Dec. Dec. Dec. Dec.	15 1958  The couses of treet, city or town, State Ho  Maryland	ind an i	the dat	e state	
REMOVAL (Specify Burial	12/18/1958	22c. NAME OF CEMETERY Waugh Cer				non (City, laws, o	2	•	(State	=}
23 FUNERAL DIRECTOR	Stellars	- Cambridge	o Ma		84 REGIST		Lug 9			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the physician page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

4

VS A1S (4) 1SM 9/SS



# FOR STATE HEALTH DEPT.

W.

TO DEPUTY MEDICAL EXAMINER: This certificate showld be executed within 24 hours after death. If any delay is necessexecute the cert.

4 should be found from the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained form TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to buried, cremotion, at removal, and in any everytwithin 72 hours after death.

V5 A15ME 5M 2/57

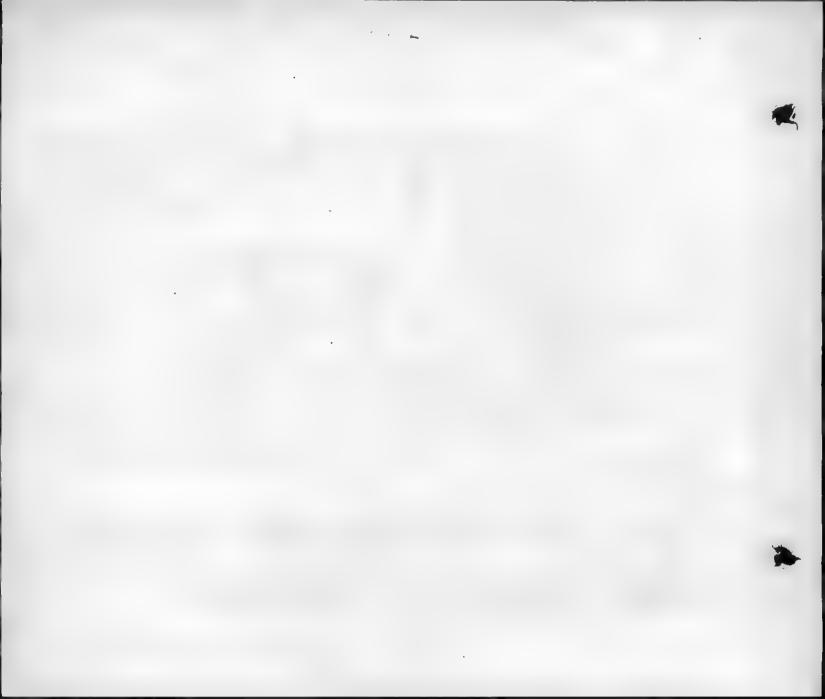
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

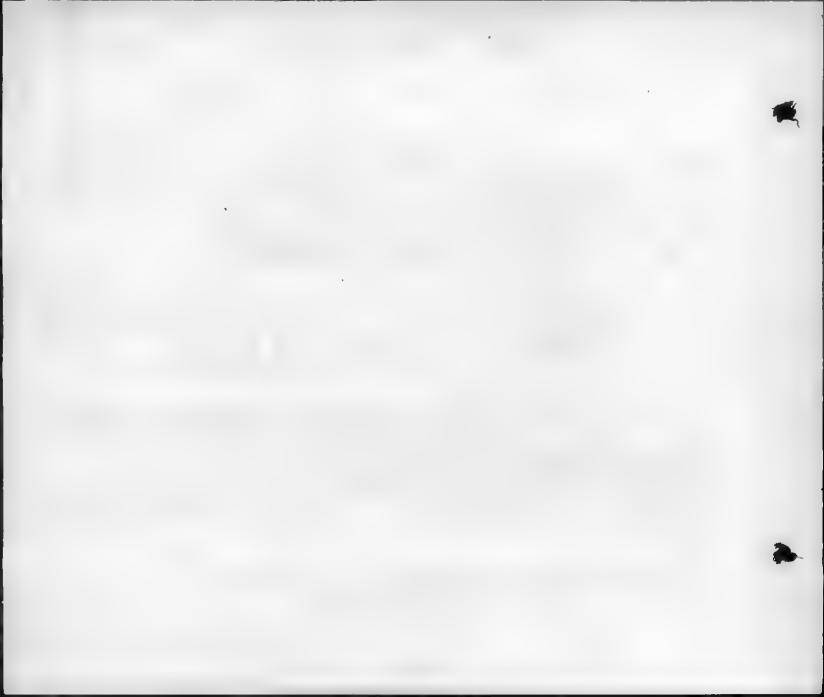
14374

Reg. Dist. No.

14376 MEDICAL EXAMENER'S CERTIFICATE OF DEATH

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If Institution: Residence before admiss on)
	٥	COUNTY /// CO MARYLAND	O. STATE MC B. COUNTY LEIRE
	Ь	CITY OR TOWN I'l Survive corporate him to, write RURAL . C. LENGTH OF STAY IN 16 and give necres founds.	c. CITY OR TOWN Ut outside corporate limits, write RURAL and give nearest town)
		DAllsbory	1. DAlisbures
9	d	NAME OF HOSPITAL OR INSTITUTION (If not in/hospital, give street address)	d STREET ADDRESS  e IS RESIDENCE ON A FARM?
		714 Kisce St.	1419 MACE ST. YES NO D
	-	NAME OF DECEASED First Middle	Total 4. DATE Month Day Year
		Type or print) for slight felled 9 cl.	12222 DEATH //CC. 25 1958
	5. S	111-1	DAYE OF BIRTH  9. AGE IN your IF UNDER 1YEAR IF UNDER 24 HRS  Months Days Hours Mn
	-	Marc White WIDOWED DIVORCED 1	11412 V-1707 1 4 1 1 9 24
	100. d	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRUMENT OF WORKING life, even if refired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN RY?
1	12	Leinmer (Emprayee)	1686 RCHA J.D.17.
1	13.	FATHER'S NAME	14 MOTHER'S MAIDEN NAME
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 12 IN	FORMANT offor H (Dee Madford, FE) 4/19 RATE
	Per	no, of unknown] (if yes, g we war or dates of service)	13 14 (17 (-1322) (ddies (176) 714 ) 11 C
		18. CAUSE OF DEATH   Enter only one course per line for (a), (b), and (c), }	21 - Style S 24 12 4 + 1110 INTERVAL BETWEEN
	П	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (0) COURTS CEL	commission
		Condition II and which I	
		gove rise to immediate cause	The state of the s
		(a), stating the underlying DDE IO	
	3		DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	CATION		PERFORMED? YES NO T
	12	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D	ter nature of injury in Part I or Part II of item 18 }
	CERT	CAUSE OF DEATH.	
	3		E Of INJURY (Home, form, 120f. (City or town) (County) (5fate) y, street, office bldg., etc.)
	MEDI	Plauf a.m. While Not white p. m. 19 of work of work	y, meet, oned bogh ec.)
		21. I certify that I took charge of the remains described above	e, held on Autopsy . Inspection . Inquiry . and in my
	H	opinion death resulted from: Natural pauses . Accident	], Suicide [], Homicide [], Undetermined manner []
			0.197.010170
		SIGNATURE The GALLY Tierley	M.D. CHIEF MEDICAL EXAMINER []
		EXAMINER'S ON IN TACK	ASSISTANT MEDICAL EXAMINER []
9		NAME (Type) I'MS/11 H LISTEY	DEPUTY MEDICAL EXAMINER
	220	BURIAL CREMATION, 22b. DATE THEREOF TO NAME OF CEMETERY OR CEMETER	REMATORY. 22d LOCATION (City town, og-county) (State)
	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
1	10	illunes V (meninis Salishon,	DEC 31 '58





14376

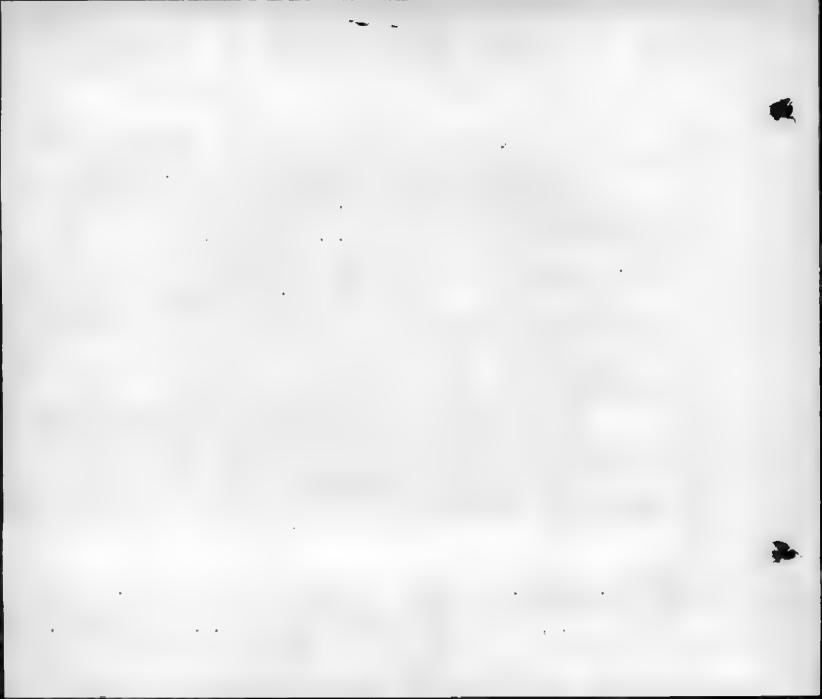
14417

Rea. Dist. No.

- 1													
	1. PLACE OF DEATH o. COUNTY WICOMICO MARYLAND					2. USUAL RESIDENCE (Where deceased lived if institution Residence before odmission)  o STATE Maryland b. COUNTY Wicomico							
	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)  Saliabury					c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Salisbury							
,	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	Box7	**		/d STREET A	DORESS		Box #	90	1	15 RESIDER ON A FAI YES NO	RM7
	3. NAME OF DECEASED (Type or print)	Fic ETTE		Middle MABEL		HAST		4. DATE OF DEATH	DEC	Month 6	Day	Year	58
ŀ	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B DATE OF BIRTH			9. AGE (In ye		R 1 YEAR II		
	Female	White	WIDOWE	DIVORCED		Oct. 20	, XIII		log birihde	yrs Months			Min.
	10c. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) HOUSE WORK at HOME			R.D.# Salisbury, Md US A							UNTRYP		
	13. FATHER'S NAME					14. MOTHER'S							
	Noah F.	Jenkins				Marth	na El	len .	Farlov	Ą.			
	15 WAS DECEASED EVE	R IN U. S ARMED FOR (It yes, give wor or dates of s	CES? 16. sevice)	SOCIAL SECURITY NO.	Mi	way	J.H Sal	iasti isbu	ngs(So ry,Mar	od')" Bo yland	x#90	Мар	le-
		TH WAS CAUSED BY IMMEDIATE CAUSE (o	)	e for (a), (b), and (c).]		failer	1 .	tole	20220			VAL BETWI	ATH
	gave rise to it couse (o), stoling lying cause lost.  PART H. OTH  200. ACCIDENT WA OR CONTRIBUTING Ulf EITHER, NOTIFY	the under-	)	ONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN PA		WAS AUTO PERFORME (ES NO	:07
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY OC	CURRE	O, (Enter nature o	injury in P	ort 1 or Por	t II of item 18	)			
	20c. TIME OF INJUR Hour o m. p. m.	Y Manth, Doy, Yea		Not while at work		ACE OF INJURY (I lary, street, office			or town)		(Caunty)		(State)
	ACTUAL SIGNATURE	or I offended the  I///  Emal  c.Ernest	195	Larrer	death	occurred of.  M.D.  Delmar	1:05	PM, from ADDRESS (Se	n the coust		the date	stated of DATE	
	220. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREC	F	22c NAME OF CEMET		R CREMATORY		22d. LOCA	TION (City to	n, or county)		(State)	
	Burial	Ded.9,1	758	Charity	Chu	irch Cei		. W.	R.D.#			, PICL .	
	23. FUNERAL DIRECTOR' HOLLOWAY &		S	ADDRESS ALISBURY,	MAE	RYLAND	DATEDEC	BY REGIST	_	EGISTRAR'S S			

erol director. be filed with ath: Page 4 may be retained ("the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofthe VS A1S (4) 1SM 9/55



TO HOSPITAL OF may be retaine TO FUNERAL DY

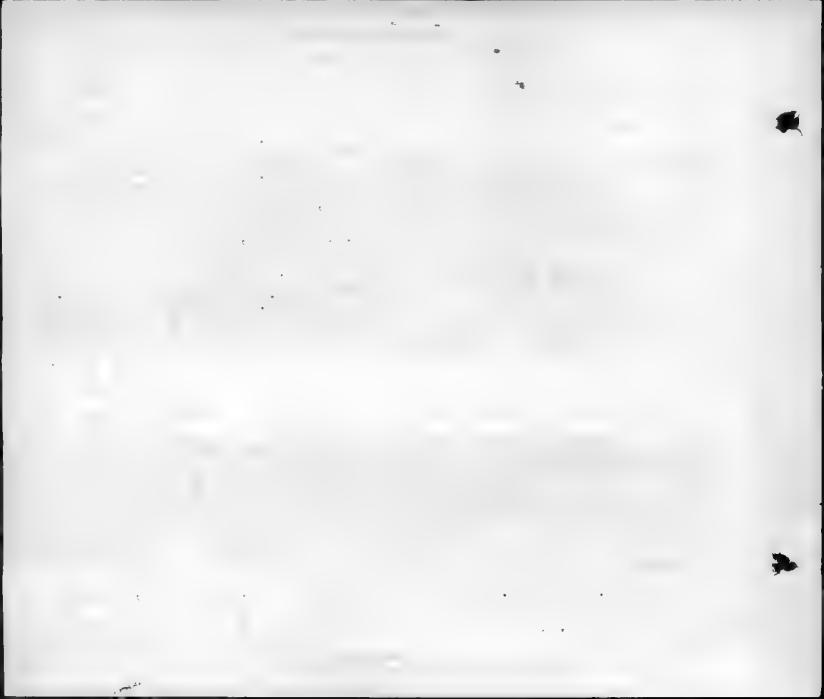
VS A1S (4) 15M 9/SS

14377

CERTIFICATE OF DEATH

Reg. Dist. No.

1.	PLACE OF DEATH o. COUNTY	Wicomico		MARYLAND	II o STATE -	ence (Where decemn laryland		nstitution UNTY		omico	*
	b. CITY OR TOWN (I RURAL and give no	outside corporate limi orest town) Sall sbur		C LENGTH OF STAY IN 16	-	own (If outside corp		write RU	RAL and give	nearest tow	n)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g Pen Gen			d STREET AD	DRESS 22 E.Loc	cust S	St		ON	SIDENCE A FARM? NO X
3	NAME OF DECEASED (Type or print)	VIILI		Middle ASBURY	HOLLOWA	4 DATE OF DEATH	1 De	Mont ecel	mber	5th	Year 19 58
Н.	sex Male	White	7. MARI WIDOW	RIED NEVER MARRIED DED STREET	May 4,	1882	9. AGE (In Jast birth	years iday) yrs.	Maniha Pa		ER 24 HRS. Min.
100	Laborer	N (Give kind of work or ing life, even if retired	Jone 10b.	None	1 _ 11	CE (Stole or foreign Hebron, l		and	12. CITIZE	N OF WHA	COUNTRY
13	FATHER'S NAME				14. MOTHER'S A	MAIDEN NAME					
	William	Asbury H	0110	way	Annie	E. Dyke	as				
15  Ye		R IN U. S. ARMED FOR If yes, give war or dates of i		SOCIAL SECURITY NO	INFORMANT SS Netta Locus		loway(	(Si	ster)	522 E	
NOI	Conditions, if or gove rise to it cause (a), stoling lying couse lost.	the under-	)	CONTRIBUTING TO DEATH BE	CA CLY		SE CONDITIO	ON GIVE	-	a) 19. WAS	
FICAT											K ON
1 CERTIFICATION	OR CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	ED. (Enler nature of	injury in Port I ar Pa	rt II of item 1	18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	f Month, Day, Yes	While		LACE OF INJURY (Hactory, street, office		ly or lown)		(Cove	nly]	(State)
	ACTUAL SIGNATURE	of I oftended the	7-17		M.D. 22.22	io 2.30PM, fro ADDRESS (1977)	om the cau Street, city or	town, s	ecembe	dote stot	ed obove ATE SIGNE
220	BURIAL, CREMATIO REMOVAL (Specify)		958	Parsons C	OR CREMATORY emetery		TION (City.		,,	(Sio	fe)
23	FUNERAL DIRECTOR		7 10	ADDRESS		24a. REC'D BY REGIS					
L		COMPANY	9			DATENEO 9 15		7 7	RAR'S SIGNH	4425	
-		A A A THE WILL T	B.	CATACOLOGIA INC	A A LA STUDENT A A A A A A A A A A A A A A A A A A A	UCS					



Maryland

MARYLAND

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Reg. Dist. No.

Wicomico

**b** COUNTY

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1

1. PLACE OF DEATH

Wicomico

. COUNTY

c y the attending physician and campletely filled. Then please remove carbon papers. Pages 1 event within 72 hours ofter death,

may be retained the haspital ar attending physician.

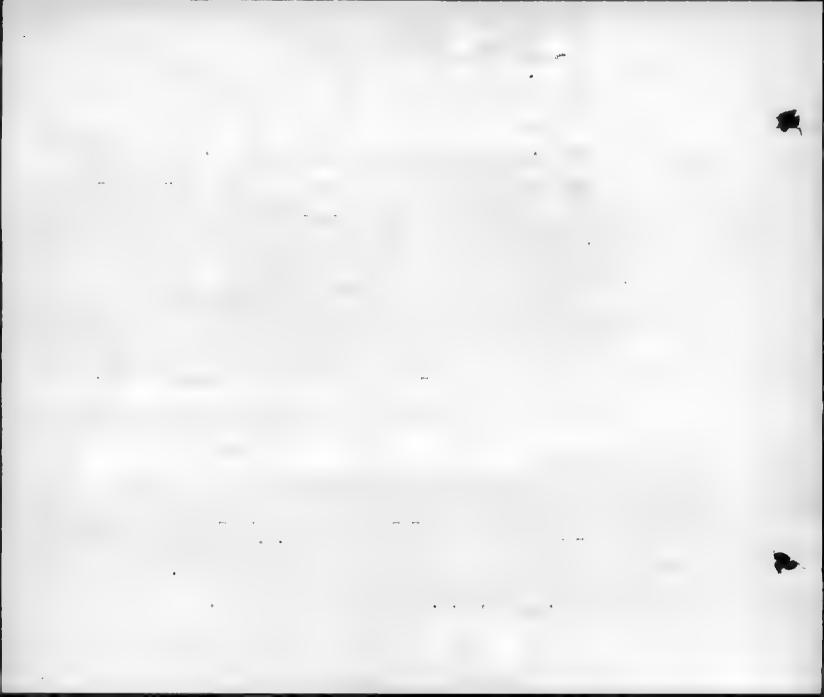
TO FUNERAL DIRAC DR. After this certificate has been signed by the page 3 should be detached for use as the burial-transit parmit. Then the registrar prior to burial, cremation, or removal, and in any event

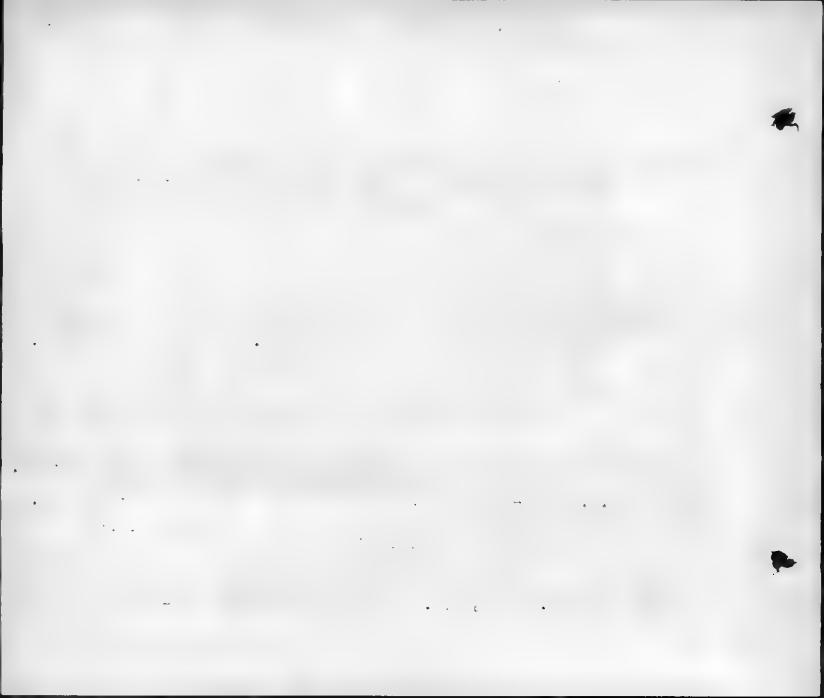
VS A1S (4) 15M 10/57

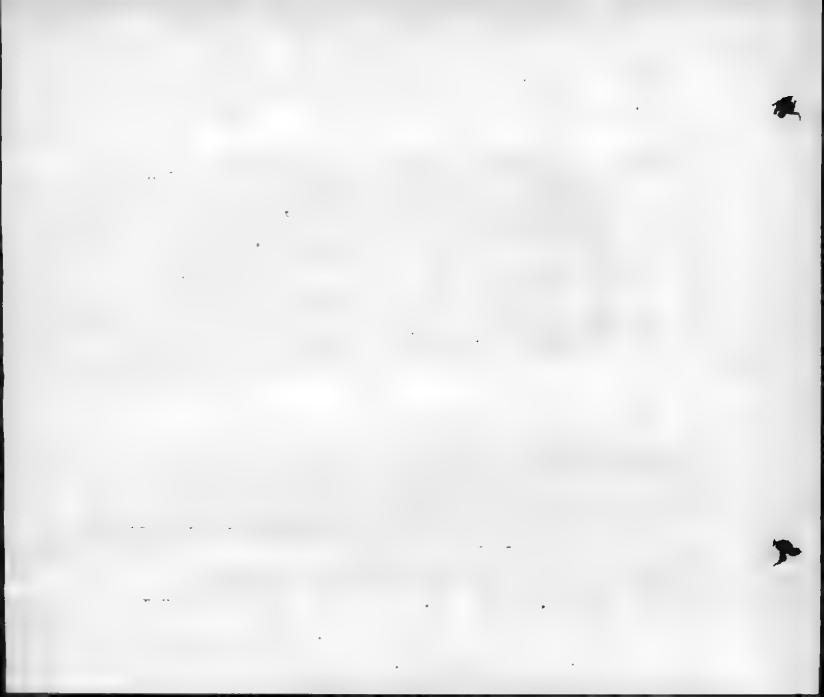
TTENDING PHYSICIAN: The law

TO HOSPITAL OR

	ì	CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
		RURAL and give nearest lown) Salisbury 3 YY5'	/ Salisbury						
	Α,	NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS le. IS RESIDENC	Ę					
7		OR INSTITUTION  Filarood St.	Flagood St. VES NO						
	3. 1	NAME OF First Middle		4					
		DECEASED	OF	0					
	5. 5	Territoria de la companya del companya del companya de la companya	Insley DEATH 12- 20- 19 5  B. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 H	0					
ì	J. J		lost birthday) Months Days Hours May						
	10.	WIDOWED DIVORCED	8-22-1867 91 m 8 25						
-	IVa	USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR IND during most of working life, eyen if retired)  HOUSE WIFE  OWN HOME	1 1 9 -	ITRY					
	13.	FATHER'S NAME	14 MOTHER'S MALDEN NAME						
		Um Known	1/m Known						
	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17.	145 Donald Bowsen, Salisbary, M	11					
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL AFTWEEN						
		PART I REATH WAS CAUSED BY	ONSET AND DEAT	Ĥ					
		IMMEDIATE CAUSE (a) Coronary occ	lusion Sudden	_					
		4 ol 0 , 1 DUE TO							
		COVE (ILE TO IMMEDIATE !	rotic cardio-vascular disease-Years						
		couse (o), stating the under-							
	2	lying couse last. (c)		- 14					
۵٠	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOP PERFORMED? YES NO						
	CERTIFI	20a ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Port I or Port II of Item 18.)						
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. I	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Ste	oleì					
	E	Hour o, m, While Not while	actory, street, office bldg., etc.)	,					
	ż		70 00 00						
		21. I certify that I attended the deceased from 12-1-1							
		alive on 12=1=58 , 19 , and that dea	n occurred at A. P.M., from the causes and an the date stated ab						
		ACTUAL EST	ADDRESS (Street, city or town, stele) DATE SEC	NE					
		SIGNATURE	M.D. LOT Camden Ave.						
1		PHYSICIAN'S							
1		NAME (Type) Farl I. Rover M.D.	Salisbury, Md.						
	220	BURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY REMOVAL (Specify) 12/23/58 BIVZIVE (	DEGREMATORY 22d, LOCATION (City town, or county) (State)						
	23.	FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	240 REC D BY REGISTRAR 246 REGISTRAR'S SIGNATURE						
	_(	L. N. Mpsseif-13102/08, M.	DATE DEC 2 9 38 wing & thous						
			uk						







## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death: Page 4

may be retained by the haspital ar attending physicion.

TO FUNERAL Diagram OR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

NATERITING PRINCIAN: The fam require that the death merificate be executed within 24 hours

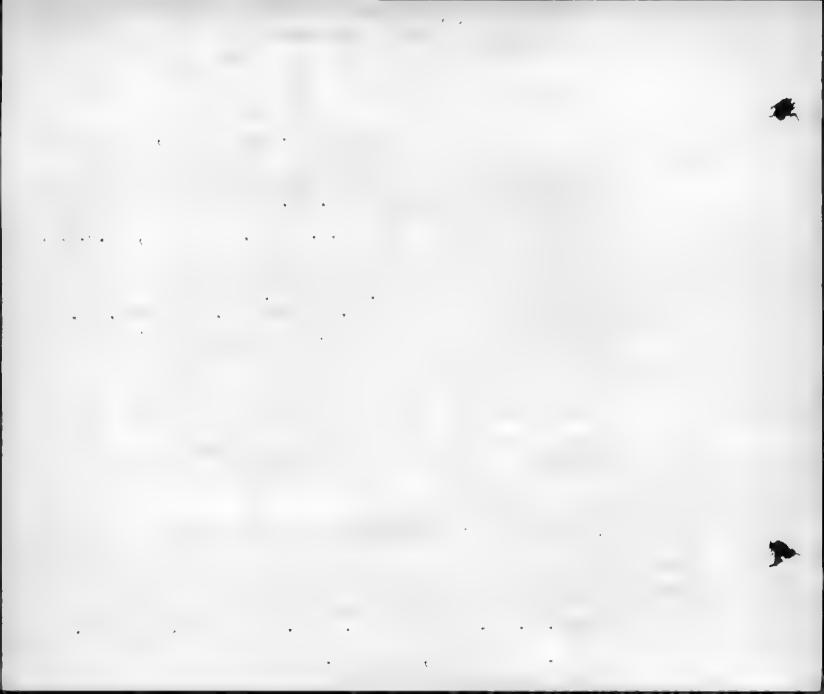
TO HOSPITAL DR.

VS A15 (4) 15M 10/57

	14380	CERTIFICA	ATE OF DEATH		Reg. Dist. I	No.
1.	PLACE OF DEATH  o. COUNTY	MARYLAND	2 USUAL RESIDENCE (When o. STATE	e deceased lived. If institution b. COUNT	ution Residence b	
9	b CITY OR TOWN Iff outside corporate limits, write RURAL and give nearest town!	c. LENGTH OF STAY IN 11	Salisbus	side corporate limits, write	RURAL and give	nearest town)
1	d. NAME OF HOSPITAL (If for in hospital, give street OR INSTITUTION	tloskital	d. STREET ADDRESS	ware Co	122	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle	Jones	DEATH DECEY	nbea :	Day Year 19 19 5 8
4	(200) & CE/MED WIDOWI		# DATE OF BIRTH	9. AGE (In year lost birthday ye	Months Day	9 <sub>11</sub> 3
L	O. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	- 7		12 CITIZEN	OF WHAT COUNTRY
L	WAS DECEASED EVER IN U. S. ARMED FORCES? 116	SOCIAL OCCUPIENTA NO. 137 I	14. MOTHER'S MAIDEN NA	· · · · · ·		
	FI, no or dishown] [If yes, give wor or dates of service]		NFORMANT	Ac	ldress	
	PART 1. DEATH WAS CAUSED BY:   MMEDIATE CAUSE (o)	ne for (o), (b), and (c) j	1		10	NTERVAL BETWEEN NSET AND DEATH EMULACULA
	Conditions, if ony, which gove rise to immediate couse (a), stoling the under-	you terre	ul vascu	la dere	al	11
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION G	IVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING   206 DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	rt I or Parl II of Item 18.)		
MEDICAL	20c TIME OF INJURY Month, Day, Year 20d In Hour e. m. p. m. 19 White of worl	Not white **	ACE OF INJURY IHome, form, ctory, street, office bldg., etc.)	20f. (City or lawn)	{Count	y) (Stote)
	21. I certify that I attended the decease alive an 1229 19		Occurred at 11,504	2 - 2 9 , 19 5 M, fram the causes	That I last	saw the deceased
	ACTUAL SIGNATURE WILLOW CO.	Elles . A		DORESS (Street, city or town		1-2-59
30	PHYSICIAN'S NAME (Type)					
K	BURIAL, CREMATION, 226. DATE THEREOF, REMOVAL (Specify)	22c NAME OF CEMETERY O		2d LOCATION (City Iown		(Stole)
23.	A STATE OF S	ADDRESS	24o. REC'D	BY REGISTRAR 246. REC	GISTRAR'S SIGNAT	URE

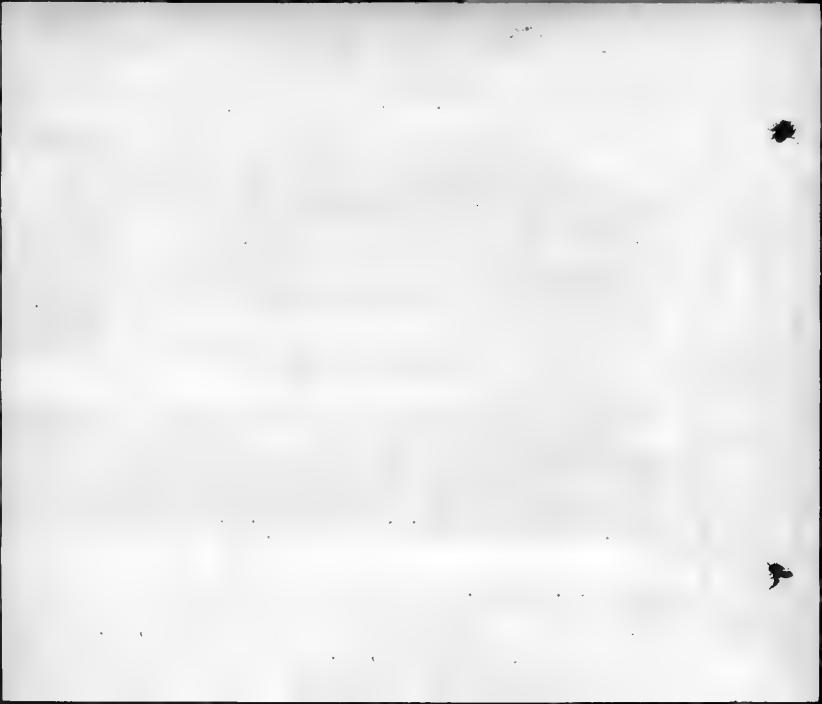


1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
-	As		14381 CERTIFICATE OF DEATH  Reg. Dist. No.
Page 4		1	PLACE OF DEATH  COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on)  COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived if institution Residence before admiss on)  COUNTY  WICOMICO
erol be f		0	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)  RURAL and give nearest lawn)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)
2 The	,#	0	d NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)  of NAME OF HOSPITAL (If not in haspital, give street address)
24 hour			NAME OF DECEASED Christopher Gold Swrence by A DATE Month Doy Year
s. Page		5.	
executed to make the death.		100	. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Slote or foreign country)  P.G. Hospt. Salisbury, Md. U.S.A.
ician an		13.	FATHER'S NAME Charles William Lawrence Evelyn Joan Anderson
Tertific Termov 72 hour		15. (Ye	WAS DECEASED EVER IN U S ARMED FORCES? 16 SOCIAL SECURITY NO Winformant Mr. Sharles W. Lawerence (Father)
death Hendir please within			18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH
the a the a Then twent			762 DUE TO
es tho			Conditions, if any, which are to immediate (b)
an sign sit pe			couse (a), stating the <u>under-land</u> Lying couse last.  (c)
plysici plysici nas beer rial-tran	496	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
IAN: T ending ficate t ficate the but			200 ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of Iem 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
newysic ol or oth his cert use os emotion	1	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m.  While Not while of work o
ospite titler ti	()		21. I certify that lattended the deceased fram 12/70, 198, ta 12/30, 198 that I last saw the deceased
o buri	3		alive an
OR A			ACTUAL SIGNATURE (1 / 2/1/2) M.D. 2-1/2 maybord. Saluly hy 1/2/39
retain retain should stror	1		PHYSICIAN'S NAME (Type)
may be FUNE		220	BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City flown or county) (Slore)  REMOVATION: Jan. 2. 59 Wicomico Mem. Park. Salisbury, Maryland.
VS A15 (4) 15M 10/57		23	Holloway & Co. Salisbury, Maryland. DATE No. 3
73101 147 31		1	2082243XV4



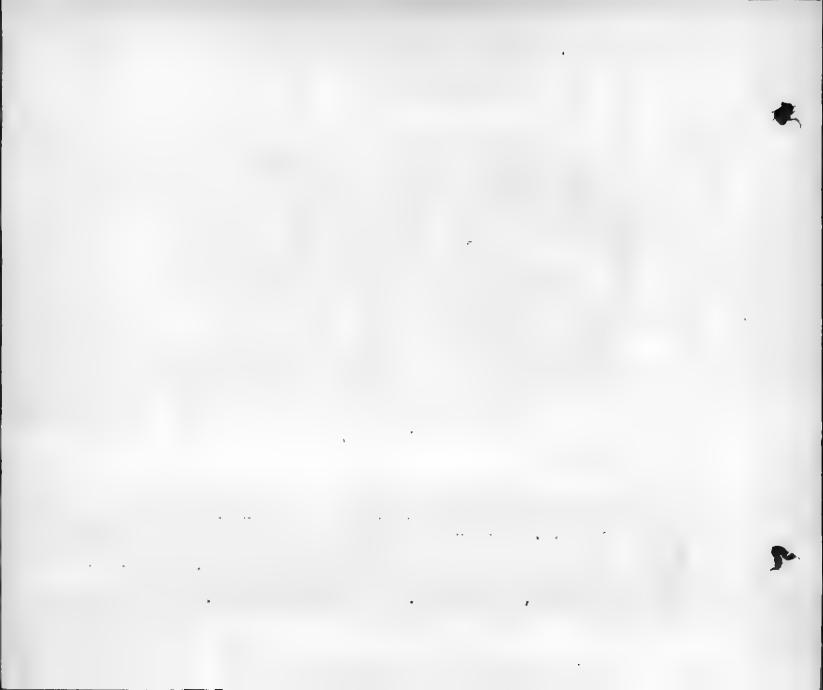


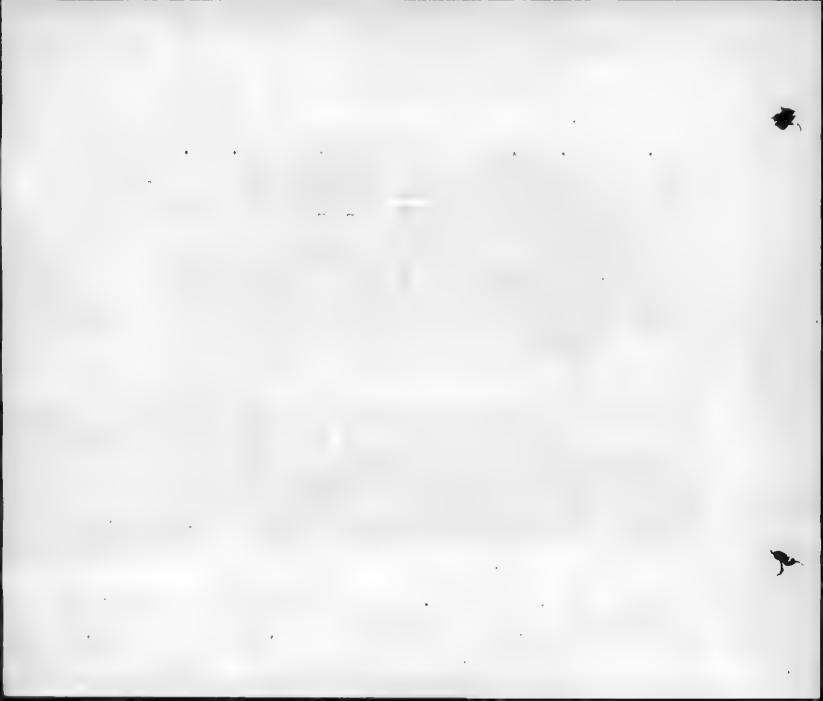
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 14385 Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND Will mic. b. CITY OR TOWN (If outside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR/TOWN (If outside corporate limits, write RURAL and give negres) town) RURAL and give nearest lown) d NAME OF HOSPITAL (If/not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM YES I NO I NAME OF Middle 4. DATE Year DECEASED (Type or print) DEATH. 000 5 SEX 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B DATE OF BUTTH Days WIDOWED' DIVORCED I UL 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY TT BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) lochaevenTrngoth attendant 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Addresi 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)\_ Tiremia davs DUE TO Conditions, if ony, which Arteriolar nephro sclerosis gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO Generalized arterio sclerosis. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part t or Part II of item 18.) 20c, TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. factory, street, office bldg., etc.) Not while of work of work 11-21-58, 19 to 12-12-5819 that I last saw the deceased 21. I certify that I attended the deceased from \_\_\_ 130 AM, from the causes and an the date stated above. 122-11- From that death accurred at ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL SIGNATURE Camden Ave. PHYSICIAN'S NAME (Type) L. Pover M.D. - Salisbury Md. FUNER 270 BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City-town, or county) **IState1** REMORAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES6 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **VS A15 (4)** 15M 10/57

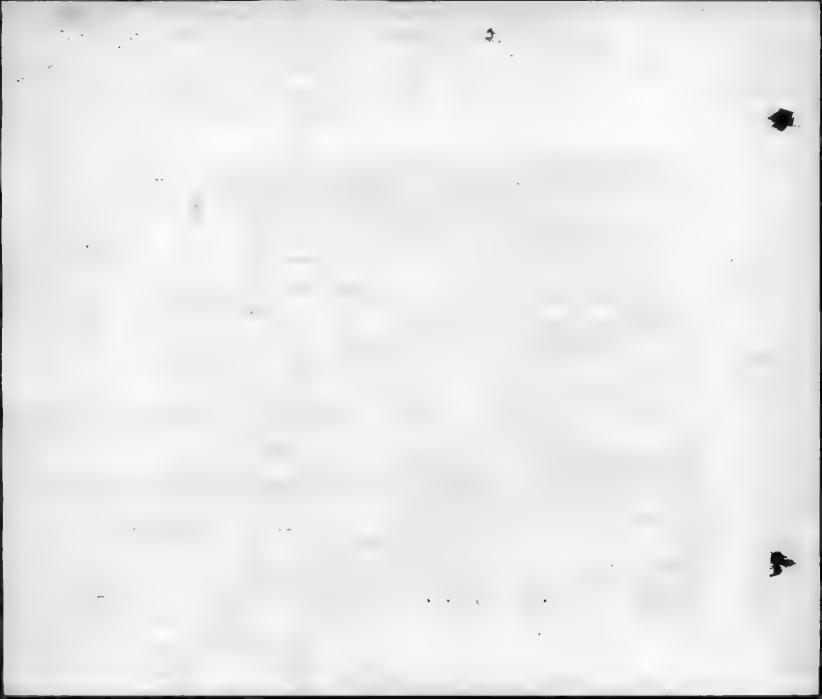




VS ATSME

14436

		T 9 G M 1 T T T	Mac'il T-TO.	- ) / 66	Keg.	DIST. No.				
PLACE OF DE	ATH		2 USUAL RESIDENCE	(Where deceased ive	ed If institution Resi	idence before odm 1110n)				
a. COUNTY	Wicomico	MARYLAND	Maryland b COUNTY Somerset							
	WN (If autside corporate I m.)s. write RURA	E LENGTH OF STAY IN 16								
and give neo	alisbury	I7 Years	Prin	cess Ann	ie /	,				
	OSPITAL OR INSTITUTION (If not		d STREET ADDRESS		7	e S RESIDE ICE				
Penin	sula General H	Mospital		-		YES NO ST				
3 NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day Year				
[Type or print]	John		Maddox	DEATH	12-	26- 19 58				
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	DATE OF BIRTH			R LYEAR IF UNDER 24 HRS				
M	C WID	OWED 🔲 DIVORCED 🔲 🗄	\I5\19\1	Ost of	17 yrs Months	Days Hours Min				
100 USUAL OCC	UPATION (Give kind of work done wasking I fe, even if ret red)	106 KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sto	te ar fareign country)	12 CI	TTIZEN OF WHAT COUNTRY?				
I I	abor	Canning Fract	ory Maryl	1 - 2	Į,	S A.				
13. FATHER'S NA	ME	····	14. MOTHER'S MAIDEN	NAME						
JOE	HN MADDOX		CECIAL N	YCUNG						
15. WAS DECEAS	SED EVER IN U. S ARMED FORCES?		NFORMANT		Address					
Iraz no. er unkogwr	(If yes, give war at dates of service)	1212-41-7635	COTE PEDD	ICK. IAT	CKI TD					
18. CAUSE C	F DEATH   Enter only one cause per	limp for (a), (b), and (c).	- AL			INTERVAL BETWEEN				
	I. DEATH WAS CAUSED BY:	Ull marin and	, ada	21.		ONSET AND DEATH				
29:	IMMEDIATE CAUSE (o)	surrivially	- rece	NY LAS		1 in				
	DUE TO	diabile do	10 000	*		month				
	if any, which (b)	unae ce	u anu	ma		minum.				
(0), slating	the underlying DUE TO									
	II, OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT I	NOT PELATED TO THE TER	MINAL DISEASE CON	INITION CIVENIAN RA	LBY U-VID ANAS AUTOON				
Q (nx)	II, OTALK SIGNATIONAL CONDITION	TO TO THE TOTAL OF	TOT RECAILED TO THE TEXT	MINKE DISEKSE CON	DINON ONTININ 78	PERFORMED?				
5 m- Evyses	AL CAUSE WAS 20b. DE	COMPLIANT BUILDS ACCURED A				YES E NO				
PRIMARY CAUSE OF D	or CONTRIBUTING []	SCRIBE HOW INJURY OCCURRED (I	corer noture or injury to re	DIT I OF POST II OF ITER	n ie j					
3 20c. TIME OF		204 INTRIBY OCCUPAND TOO BLA	Ct of himpy man f	2007 10 20 1	h te					
Haur	6. m.	20d. INJURY OCCURRED   20e PLA While Not while foct	ory, street, office bldg., et	fc.)	wnj (C	ounty) (Stole)				
		at work at work								
21. I cert	ify that I took charge of t	the remains described abo	ve, held on Autop	sy X, Inspec	tian 🛵 Inqu	ory and in my				
apinion death resulted fram: Natural causes 🖭. Accident 🔲, Suicide 🔲, Hamicide 🗍, Undetermined manner										
	de 11 v	2				DAYE MICAIED				
SIGNATURE	/Emy - Y	175	_M.D. CHIEF MEDICAL	EXAMINER [		DATE SIGNED				
EXAMINER!	t Dead I Dea	Car D	ASSISTANT MEDI	ICAL EXAMINER	10	מת לפ				
NAME (Type	Earl L. Roy	rer, M.D.	DEPUTY MEDICA	L EXAMINER	12=	-31-58				
220 BURIAL, CRE	MAT ON 7226 DATE THEREOF	224 HAME OF CEMETERY OR	CREMATORY //	22d LOCATION	(City, town, or county)	) (State)				
Dur	We 12/28/	28 Charies a	Necley	man	oken	. Trike				
23. FUNERAL DIR	PCTOR S SIGNATURE	APORESS		C'D BY REGISTRAR	246 REGISTRAN'S S					
121,110.	A. 94 14 1110A	The state of the s		E RESERVED	1 41 " 8 W	11 A				





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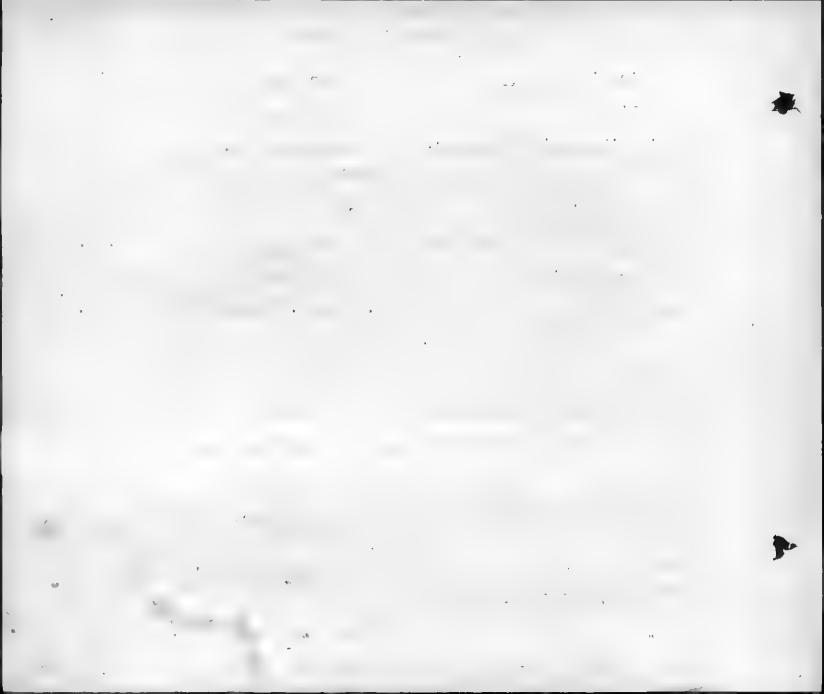
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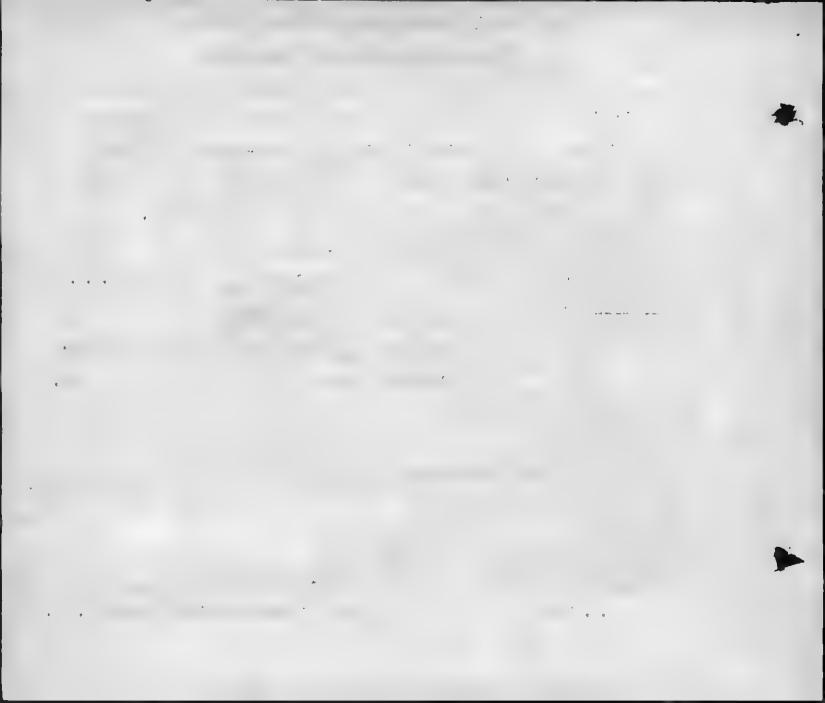


14390

		14300 CERTIFICATE	(	<b>OF</b>	DEAT	Н
l.	PLACE OF DEATH		2.	USUAL	RESIDENCE	(HO

Reg. Dist. No.....

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED								
COUNTY Wicomico	MARYLAND	STATE Maryland COUNTY Worcester								
CITY (If outside corporete fimils, write RURAL OR end give negest town)	LENGTH OF STAY	CITY (4 outside corporate limits, write RURAL and give neerest lown) OR								
OR end give neerest town) TOWN Salisbury	since 4/10/5		Unionville-Po-	comoles						
HOSPITAL OR	B21100 4/10/ /	STREET	(If rural give loca							
INSTITUTION OR STREET ADDRESS DAMA DISPARA	t ate Hospital	ADDRESS RFD	ž 2							
3. NAME OF (First)	(Widgle)	(lest)	4. DATE (Month)	(Day) (Year)						
(Type or Print) CHARLES	SNOW NIBLETT		DEATH Dec.	28 19 58						
	GLE, MARRIED, B. DATE (	OF BIRTH	9. AGE lest birthday   IF L	UNDER 1 YEAR IF UNDER 24 HRS.						
	-76.4	ch 1. 1886	72 yrs. Mor	oths Days Hours Min.						
10s. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stele or foreign	gn country)	12. CITIZEN OF WHAT						
done during most of working life, aven if retired)  Farmer	Farm	Maryland		U.S.A.						
13. FATHER'S JOMS eph	1 2 002 211	14. MOTHER'S MAIDEN I	NAME							
-Jes-hua Nibl ett		Mahala Bla	dec							
15. WAS DECEASED EVER IN U. S. ARMED FORCE	S?   16. SOCIAL SECURITY NO.	17. INFORMANT & A								
(Yes, no, or unk.) (N Yes, give war or detes of serv	218-16-6314	Records of Pine Bluff State Hosp								
NO	16. MEDICAL CE		LING DIMI 2	INTERVAL BETWEEN						
I DISEASES OR CONDITIONS DIRECTLY LEADING				ONSET AND DEATH						
OO * IMMEDIATE CAUSE (A)	Pul monary to	uberculdsis		4 yrs.						
ANTECEDENT CAUSE(S) DUE TO										
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO										
(C)	G									
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	•									
196. DATE OF OPERATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY? YES NO 🖵						
21a. ACCIDENT WAS UNDERLYING   1 21b. Pl	LACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCUR	R? (City or town)	(County) (State)						
OR CONTRIBUTING CAUSE OF DEATH OF INJU-	URY street, office bldg., etc.)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
21d. TIME OF INJURY (Month) (Dey) (Yaar) (H	tour) 21e. INJURY OCCURRED While Not while at work et work	211. HOW DID INJURY OCCUP	₹? 							
22. I hereby certify that I attended	the deceased from	19.58 to 1	2/28 19.58 1	hat I last saw the deceased						
alive on 12/27 19 58	and that death occurred a		•							
SIGNATURE Of Pitcher	. 4.4.	ADDI	RESS (Streat, city, town, stat	12/28/58 TE SIGNED						
E.P.Ritchings	M.D. D									
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	F NAME OF CEMETERY OF	ine Bluff State	LOCATION (City, fown, or	ounly) (Slate)						
Buria 1 12-31	-58 Baptist C	emeterv	Pocomoke Ci	ity, Maryland						
24. REC'D BY REGISTRAR   REGISTRAR'S	SIGNATURE	25. FLINERAL DIRECTOR'S	SIGNATURE /	ADDRESS						
DATE	" Kraus	Thenry A.	Walson	Tocome fac						



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(Stote)

		14	119		CERT	IFIC/	ATE	OF DE	ATH				Reg. Dist.			394
	E OF DEATH	Wicomico	<u>.</u>		MAR	rland		CTATE	ryla		d lived. If inst b. COU	itution NTY (	Residence	before d	odmissi	on)
RU	Nanti Nanti	coke		I	th of stay lifet		Χ.	vantio	coke	•	prote limits, we	ite RUI	RAL and give			
d. N.	AME OF HOSPIT	AL (If not in hospital, g	ive street	r oddress)			/	. STREET ADD	RESS					1	ON A	DENCE FARM? NG
	ASED	ri MAGGIE	st	н.	Middle	NUT	PER	lost		4. DATE OF DEATH	_	Month		Doy 24		(eor 9 5년
	'emale	Negro	WIDOW	VED 🔲	DIVORCE		1		388_		9. AGE (In ye lost birthdo		Months Do	-	tours	R 24 HRS Min,
dur	HOUSE  JAL OCCUPATION  HOUSE  JER'S NAME	N (Give kind of work ing life, even if retired wille)	lone 10b	Own	Home Iome	DR INDU		1. BIRTHPLACE  L. 2 T3  MOTHER'S MA	/lan	ıd	ountry)		12 CITIZE	N OF V		COUNTR
	We	estley Nu	Andrew Control		ECHBITY NO	117 1	INFORM	Sall				Addres				······································
(Yes. no. i	10	If yes, give wor or dates of s	Han(III)			1			ıtte	r, l	antic	_				
18.		TH {Enter only one co TH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO		line for (a),	(b). and (c)	Q	pla	lli ov	n Qu	LGE	<del> </del>			ONSET		
80	onditions, if or the rise to it use (o), stating to ng couse lost,	ny, which ) (b nmediate DUE TO		Parla )	ulvz	sil.		rleu	0.0	eele	usi	<u>o '</u>		1	04	Con
CERTIFICATION 2008		J (c PER SIGNIFICANT CON		CONTRIBU	TING TO DE	ATH BUT	NOT R	ELATED TO TH	IE TERMIN	IAL DISEAS	E CONDITION	GIVE	N IN PART 1		PERFOR	NO [
	ACCIDENT WA CONTRIBUTING EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HO	W INJURY C	CCURRE	D (Ente	er noture of in	jury in Pe	ort I or Por	t II of item 18	1				
MEDICAL 20c	TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Ye 19	While		CURRED whise vork	20e PL Fo	ACE OI	F INJURY (Hor treet, office bl	ne, form, dg , etc.)	20f. (City	y or lown)		(Cou	inty)		(Stote
ali	I certify the	at attended the	decea	sed fram		MCi death	M.D.	19 H			m the causi freet, city or to	es an			state	
PHY	SICIAN'S	Ria' and	H (	io un i	na e			Man	+in-	300	' comet	0.30	3 7	2/2	n /	=0

22c. NAME OF CEMETERY OR CREMATORY

Nanticoke Cem.

ADDRESS

Bivalve, ...aryland

22d LOCATION (City, town, or county)

24a REC'D BY REGISTRAR

DATE DEC 3 1 158

Manticoke, Maryland

24b REGISTRAR'S SIGNATURE

MITTING S. Kraus

VS A15 (4) 15M 9/55

220 BUR AL, CREMATION, 226. DATE THEREOF REMOVAL (Septistry) 12/28/58

23. FUNERAL DIRPCTOR'S SIGNATURE,



- washel

VS A15 (4) 15M 10/57





24b. REGISTRAR'S SIGNATURE

1 8. Thous

24a. REC'D BY REGISTRAR

DATE 2 2 3 '58

**ADDRESS** 

SALISBURY MARYLAND

P roy be retain 5 VS A15 (4) 15M 9/55

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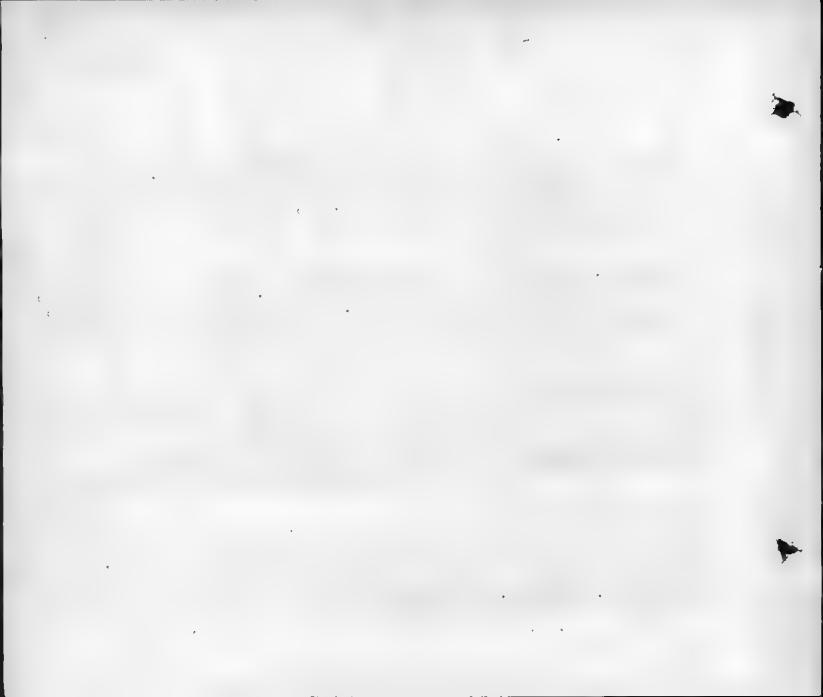
23. FUNERAL DIRECTOR'S SIGNATURE

HOLLOWAY & COMPANY

m:

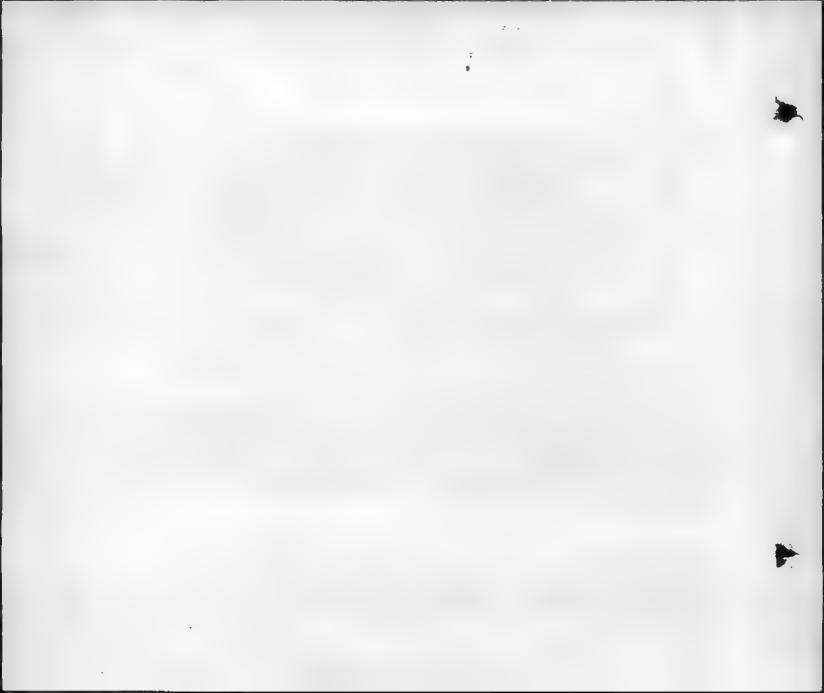
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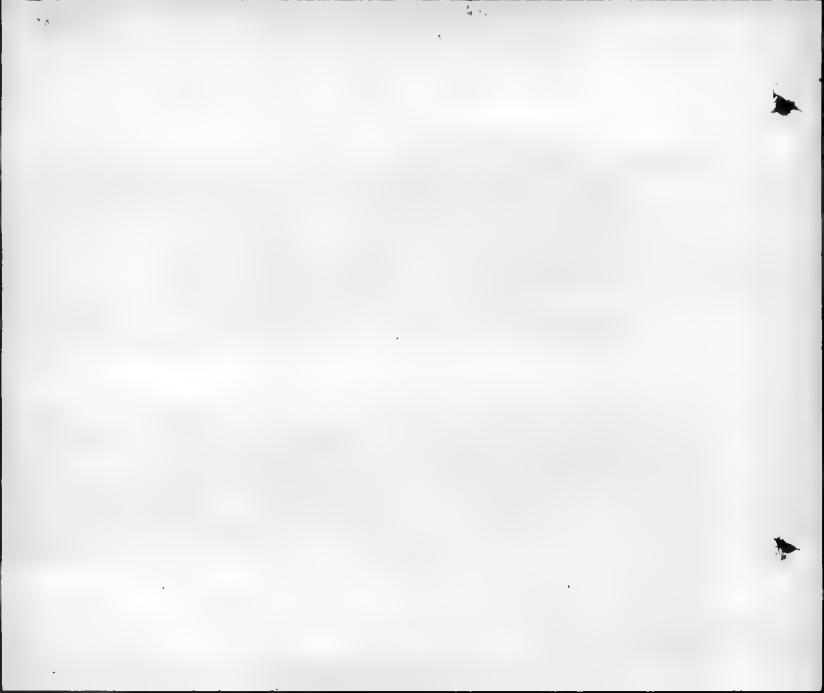
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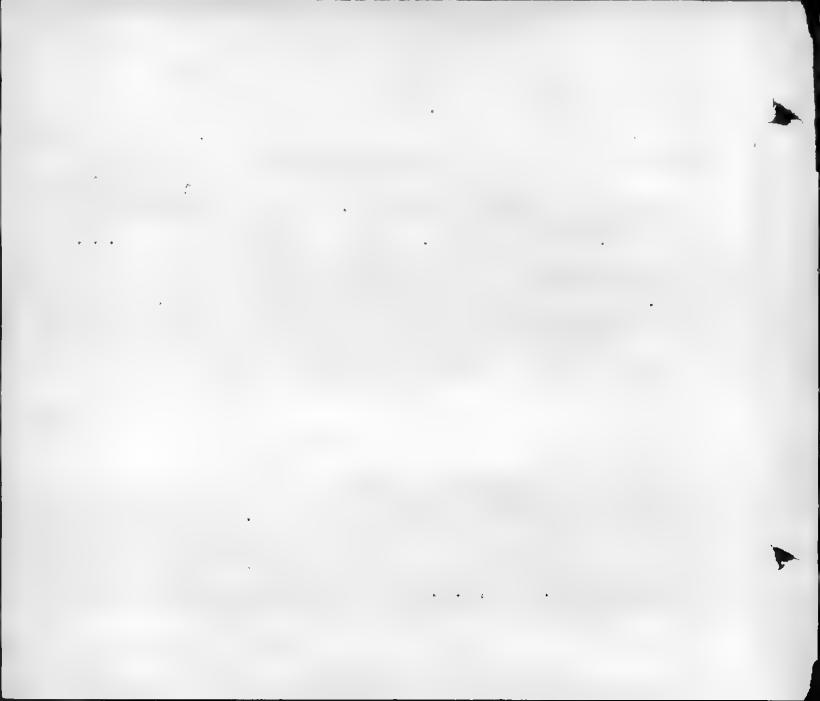




	ly filled in by the peral director.	nd 2 should be filed with	
	completely filled i	opers. Pages la	ıh.
	er this certificate has been signed by the ottending physician and complete	hould be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 thou	within 72 hours offer dec
of bridge and a second	has been signed by the	variof-transit permit. Ther	ion, or removal, and in any event within 72 hours ofte
under to to to the under	: After this certificate	ched for use as the bi	rar prior to burial, cremotion, or re
in a complete	AL DIRE - R: After	hould be dete	ror prior to b

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
14396 CERTIFICATE OF DEATH

			14	396 CERTIF	ICA	TE OF D	EATH	1		Re	g. Dist. !	.14	396
1.	PLACE OF DEATH	Wicomico		MARYLA	UND	2. USUAL RESID			d lived. If in			efore odm	
Г	b. CITY OR TOWN (	116				prate limits, wr		L and give	nearest to	wn)			
١.		Salisbury		5 mos. #da	ays	I	Easton	a		<u>_</u>			
	d NAME OF HOSPIT	TAL (If not in hospital, g	ive street	oddress)		d. STREET A	DD RESS					e. 15 R ON	ESIDENCE A FARM?
L	Deer's	Head State	Hesp	ital			109 We	est St	treet				NO Dt
3.	NAME OF DECEASED	Fir	st	Middle		Losi		4. DATE OF		Month		Day	Year
L	(Type or print)	Margar			_	Powderh:		DEATH	De	cemb		4,	19 58
5.	SEX	6. COLOR OR RACE	1	RIED 🔀 NEVER MARRIED	_	. DATE OF BIRTH			9. AGE (In y lost birthd				DER 24 HRS
	Famale	White	WIDOW	Paul .		Dec. 26.			77	yrs. 1	1 2	8	
10	during most of wor	DN (Give kind of work i king life, even if retired	done 10b	KIND OF BUSINESS OR	INDUS				country)				AT COUNTRY
L	Un	k.		Unk.			nyslva				U.	S.A.	
13.	FATHER'S NAME					14 MOTHER'S		_					
L	Hugh McL				, .	Mary H	lunday	7					
	is, na or ynknown)	R IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO		IFORMANT				Address	367		
	Unk.		1	96-26 <b>-</b> 6618 D	l li	lospital	Recor	ras, a	Salisou	ry,	Mary	and	
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  INTERVAL BETWEEN  ONSET AND DEATH										BETWEEN ID DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cerebral thrombosis 6 days												
	332 X DUE TO												
	Conditions, if ony, which ) (b) Arteriosclerosis general years										25		
	gove rise to immediate Course (a), stating the under DUE TO												
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY												
CERTIFICATION	YES NO. OTHER SIGNAL COMMITTEE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 17. WAS DEADED?												
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye			De. PLA	CE OF INJURY (Hory, street, office	iome, farm,	20f. (Cil	y or lown)	-	(Coun	ly}	(State)
MEG	ρ. m.	19	While of wor	Not white				1					
	21. I certify th	ot I attended the	deceas	ed from July	17.	, 19 58	. to. I	ec. 2	24, 19	58 .th	at I last	saw the	e deceases
	alive on		4,12	The second secon	_			M. froi	m the cous	es and	an the o	date sta	ted abave
		$\Lambda_{i}$	/	,					treet, city or t				DATE SIGNED
	ACTUAL SIGNATURE	Y- WL	Cin	14	A	A D Sa	lisbu	iry, n	narylan	d	12	-25-5	58
		Leonid V. N	aldv	e, M. D.									
22		N, 226 DATE THEREC	F	22c. NAME OF CEMETE	ERY OR	CREMATORY		22d. 1OCA	TION (City, to	wn, or ca	unly)	{51	ote)
	REMOVAL (Specify)	12/29/	58	Segino	1	4/21		E	- 1937	on		MD	
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			240. POT	BS REGIS	TRAR 246.	REGISTRA	R'S SIGNA	TURE	
6	10 12	plan (se	ree	- 445	10	N MO	DATE			مين الرياس بالا يقطع	1 2. 76.	auld,	
Barren													



#### FOR STATE HEALTH DEPT.

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

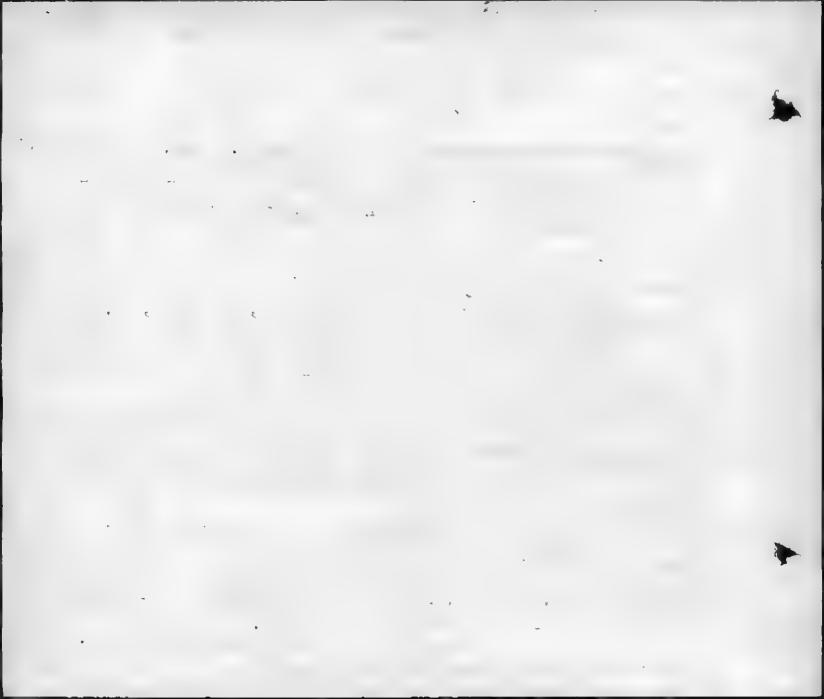
14397

14397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

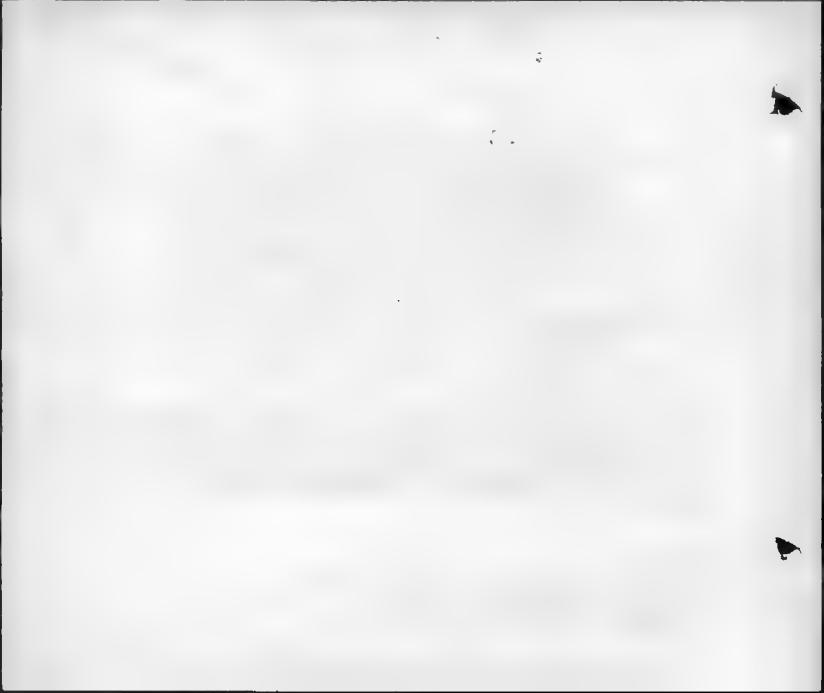
- 1	PLACE OF DEATH				[]	E (Where deceased )	ived. If institutions I	tes dence before admission)
	o. COUNT	Wi.	comico	MARYLAND	o STATE Mar	vland	b. COUNTY	Wicomico
	b. CITY OR TOWN III a	ots de corporate limits, wo e	BURAL C	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpore	te l'mits, write RURA	L and give nearest town)
	Salisbu	11°V		104RS	1/ S	alisbury	7	
Г	d NAME OF HOSPITA		f not in hospital	, give street address)	d STREET ADDRES			ON A FAFA
	Paninsu	La Genera	1 Hosp	ital	611 Ro	se St.	Apt. 2	YES NO
3.	NAME OF DECEASED	Fire	f	Middle	Lost	4. DATE	Month	Doy Yeor
	(Type or print)	Sallie		Mae	Rice	DEATH	12-	13- 19 58
5.	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED [ 8	DATE OF BIRTH		AGE In years IF UN	IDER TYEAR IF UNDER 24 HRE
	F	C	WIDOWED [		4-15-19	15	43	no Doys Houri Min.
10	during most of working	N (Give kind of work d	ione 106 KIND	OF BUSINESS OR INDUST		-	ry) 12	CITIZEN OF WHAT COUNTRYS
1	Fieldw			Farming	F.	lorida		USA
1	B. FATHER'S NAME	7			14. MOTHER'S MAIDE	N NAME		with my my
		5			Claudia	Jackson	1	
	S. WAS DECEASED EVE	R IN U. S. ARMED FOR		IAL SECURITY NO 17 H	VFORMANT		Address	# N.
	No				William R	ice, Sal	lisbury,	rid.
	18. CAUSE OF DEATH	H [Enter only one cour	se per line for (	o), (b), ond (c) ]				INTERVAL BETWEEN
		MAS CAUSED BY:	Cer	rebral hemo	rrhage			Hours
	445X	DUE TO						Magnetic Magnet and a second different second secon
	Conditions, if on	y, which } (b)	Hyp	pertensive	cardio-va	ascular	disease	Years
	gove rise to immedi (a), stating the ur		X_N					
	cours lost.	(c).						
18	PART II, OTHE	R SIGNIFICANT CONT	DITIONS CONTR	BUTING TO DEATH BUT H	OT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY
								YES NO P
CERTIFICATION	200. EXTERNAL CAUS	E WAS 201	DESCRIBE HO	W INJURY OCCURRED (	nter nature of injury in	Port I or Part II of i	tem 16 )	
1 7		IKIBO III YO 🖸						
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yeo		RY OCCURRED 200 PLA	CE OF INJURY (Home, f	orm, 20f. (City or )	lown)	(County) (State)
A Car	Hour e.m.	19	While of work [	Not while	ory, street, office bldg.,	enc.j		
	21. I certify the	at I took charge	of the rem	ains described abo	ve, held an Auto	psy , Insp	ection - In	and in my
	opinian death r	esulted from: N	tatural caus	ses 🖺 Accident [	☐. Suicide ☐.	Homicide [	. Undetermin	ed manner
		50 -	- 2			_		
	ACTUAL SIGNATURE	En / L	14.	**	M.D. CHIEF MEDICAL	EXAMINER [		DATE SIGNED
	-			1		DICAL EXAMINER		
	NAME (Type)	Earl L. F	loyer;	M.D.	DEPUTY MEDIC	AL EXAMINER 斉	12-	-16-58
22	O. BIJRIAL, CREMAT ON			NAME OF CEMETERY OR	CREMATORY	DIZ LOCATION	V (City, lown, or cour	nty) (Stote)
	"EBUTISTY	12-17-5	00	reen Acre	Memor. Tat		Salisbury	r Md -
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	24a. R	EC'D BY REGISTRAR		S SIGNATURE

TO DEPUTY MEDICAL EXAMINER: This certificall should be executed within 24 hours after death. If any delay is necess execute the certification, the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the functal direct a should be found. A should be found to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS. A15ME BM 2,57



that the death

HOSPITAL



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 ICATE OF DEATH

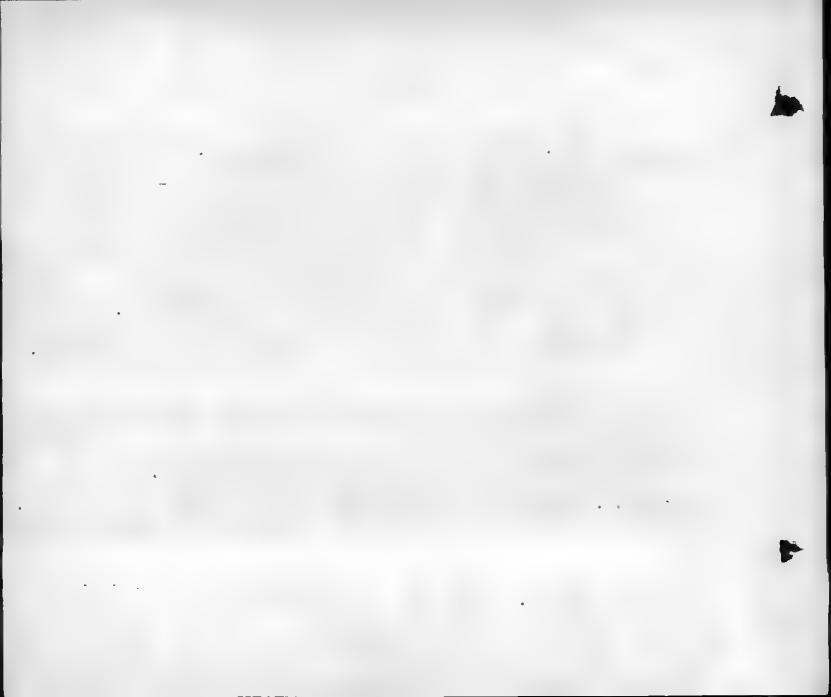
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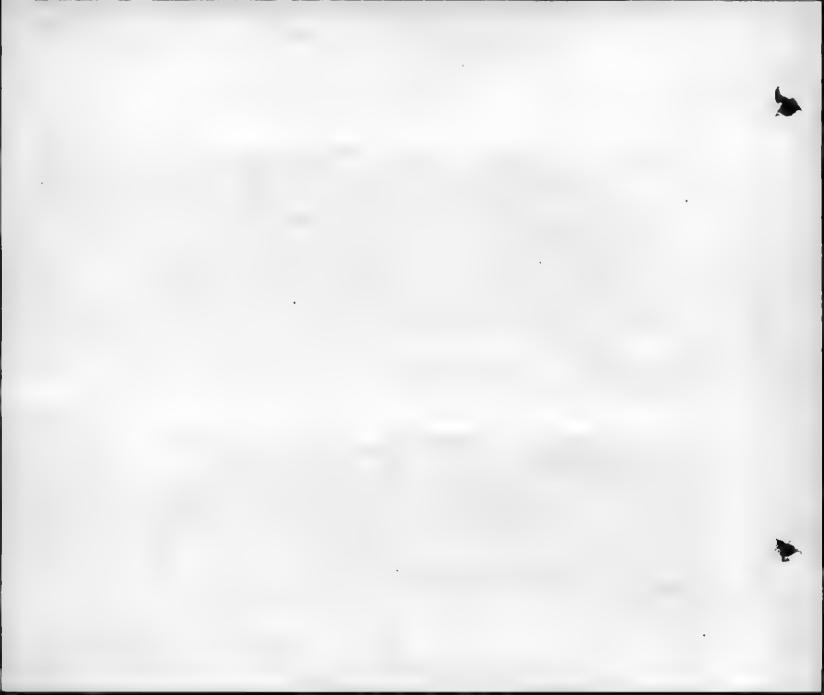
FOR STATE	14399	MEDICAL	EXAMINER'S	CERTIF
HEALTH DEPT.	1 PLACE OF DEATH			2 USUAL REST

P5.1	PG, DING.	110.			
The second		************		-	
ករាវិបីបរិបែក៖	Residence	before	वर्षका	85±0	n)

1. PLACE OF DEATH				2 USUAL RESIDENCE (	Where deceased has	d 15 institution	Paudance before	ndmission)
" e. COUNTY			MARYLAND	O. STATE		b. COUNTY		
	ICOMICO autride surporale limits, write	Buttant	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	yland	14 14 DE D	Wicomia	
and give nearest town		e RURKE	C. ELINOTIN OF STATE AND TO	C. CITY OR IOWN I	r duiside corporate	imiis, write non	AL and give neare	si iown)
Salis		*	J		sbury			
d NAME OF HOSPIT	AL OR INSTITUTION (	If nel in hei	pital, give street address)	STREET ADDRESS				ON A FARM?
	ose St.			611	Rose St.		YE	S NO P
3. NAME OF DECEASED	Fir	'sl	Middle	Lost	4. DATE OF	Month	Doy	Year
(Type or print)	William			Ross	DEATH	12-	21⇔	19 58
5 SEX	6 COLOR OR RACE	7. MARRIE	DEVER MARRIED 1 8	DATE OF BIRTH	9 AG	and building 1		JNDER 24 HRS
1MI	C	WIDOWE	DIVORCED	1901	5)	yrs Mo	inths Doys Ho	ors Min.
100. USUAL OCCUPATION	ON (Give kind of work a life, even if retired)	dane 105 K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Store	or fareign country)	1	2. CITIZEN OF WI	HAT COUNTRY?
doning most of working	g me, even a vented;	Ga	rocer Store	North C	arolina		U.S.	A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN			Marcoff and he realized between week	- 100 W
Unkno	im			Unknown				
15. WAS DECEASED EV	ER IN U.S ARMED FO		SOCIAL SECURITY NO. 17. 19	IFORMANT		7Address TC	adway S	St
(Yes, no, er unknown)	(if yes give was an dates of	14-VrCa)	Wi	nfield Lur		ifeld		
	TH (Enter only one car	use per line		11 1 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1011	11010	TINTHIVALI	BETWEEN
	H WAS CAUSED BY						ONSET AN	D DEATH
78/X	IMMEDIATE CAUSE (o	)He	morrhage du	to bulle	t wound	of nec	k Su	ıdden
	DU€ TO							
Conditions, if a	diate couse	l						
(a), sloting the	onderlying DUE TO							
cause lost.	) (c		ONTRIBUTING TO DEATH BUT N	OT AFLITTED TO THE TURK	The same of the sa	NITION LANGUES	<u> </u>	
Ž PAKI SI, UII	IER SIGNIFICANT CON	IDITIONS CC	MINISTING TO DEATH BUT N	OF RELATED TO THE TERM	MALDISEASE CON	DITION GIVEN I	1 1	RFORMED?
3							YES	NO 🗆
PART II, OTH	SE WAS TRIBUTING		HOW INJURY OCCURRED (E					
			by wife dur					deminations are
3 20c, TIME OF INJUST 8:05 PM		or 20d l	NJURY OCCURRED 26e PLAN	CE OF INJURY (Home, for ary, street, office bldg., etc	m, i 20f. (City or taw		(County)	(State)
8:05 aff.	M. 12-20	-58		Home	Salis	oury 1	Wicomic	o Md,
21. I certify th	ot I took charge	of the s	emains described abo	ve, held on Autop	y A. Inspec	tion 🔼 , 1	nguiry 👍	and in my
apinion death	resulted from:	Natural c	puses . Accident	, Suicide .	Homicide 17,	Undetermi	ned monner	
	£ 17.	/				2.2		
ACTUAL	Fand L	_ 19		M.D. CHIEF MEDICAL E	XAMINER []		DA	TE SIGNED
SIGNATURE				_M.D.	AL EXAMINER		12-29-	58
EXAMINER'S NAME (Type)	Earl I	. Ro	yer, M.D.	DEPUTY MEDICAL				
220 BURIAL CREMATIC			22c NAME OF CEMETERY OR		22d. LOCATION (	ify, fown or co	ounty)	(State)
REMOVAL (Specify)	10/08	11058			Salish		larvlar	7
23 FUNERAL DIRECTOR	S SIGNATURE	1770	greenacres Address	24n REC	Dall. SI	24b REGISTRA		700
1111 + -	- 04	4	0.01					
Chin on C	Mulber		Willed was	Photo DATE T	EC 3 1 '59		2 & Town	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necess execute the cert of the wind the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral direct a should be farm, and the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be medical as a burial-transit mermit. File pages 1 and 2 with the State manda or its designated agent, prior to burial, cremation, at removal, and in any event within 72 hours after death. VS. ATSME 5M 2/57





VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14401 CERTIFICATE OF DEATH

14401 Reg. Dist. No.

	PLACE OF DEATH					2. USUAL RESI	DENCE (WI	iere decease	d fived. If natitule	on: Residenc	e before	odmiss	on)	
	P. COUNTY	icomico		MARYLA	IND	o STATE	.farv]	land	b. COUNTY	Some	rsei	<del>-</del> ,		
	6 CITY OR TOWN (IF	outside corporate limit	, write	c. LENGTH OF STAY IN	l 1b	c. CITY OR			rote limits, write R		77	-	)	
	RURAL ond give ne	sbury		3 mos. 6	de		Crisi	h La M		10 0.3	4			
_	d. NAME OF HOSPITA	AE (If not in hospital, gr	ve street (		aa	d. STREET A		12.02.0	*		10.	IS RES	DENCE	
	or institution Deer	's Head Sta	ate H	lospi tal	-			lain S	treet.		1	ON A	FARM?	
3.	NAME OF DECEASED	Fire		Middle		Los		4	Dov		FOI			
	DECEASED (Type or print)	George	>	R.		Sterli		4. DATE OF DEATH	December 1	19		9 58		
5. 5	SEX			IED NEVER MARRIED	mi	DATE OF BIRTI			2000 100	IF UNDER	/			
	Lale		WIDOWE	<del></del>		August	70 7	1900	9. AGE (In years lost birthday)	Months	Doys	Hours	Min	
10a			_	KIND OF BUSINESS OR	_ ;	TRY 11. BIRTHPL	ACE (Stole	or foreign o		12. CITI	ZEN OF	WHAT	COUNTRYZ	
	during most of work	ing life, even if retired)		Unk.			Crisi	P4 ~ 1 A	,					
13	FATHER'S NAME			ORK.		14. MOTHER'S					U. S	A	•	
						14. MOTHER 3								
100	Jack St	ETLING	£63   14	SOCIAL SECURITY NO.	27 (5	IFORMA AND	Annie	Smal						
Ye		I yes, give war er dates of ser			17. 15	NFORMANT Address								
	Unk.		Unk.	al Re	cords	- Salish	oury,	Mary	rlan	<u>d</u>				
		TH [Enler anly one cou	se per lin	e far {a}, {b}, and {c}.}							INTER	VAL BET	WEEN	
	PART I, DEAT	H WAS CAUSED BY. IMMEDIATE CAUSE (o)	Ce	rebral Embo	lis	m					01435	AND	DEATH	
	LU/X DUE TO													
	Conditions, if ony, which ) (b) Corpulmonale 3-4 Days?											ys ?		
	gove rise to immediate couse (a), stating the under-													
	lying couse last.	(c)	Br	onchial Ast	hma	and Emr	hvsen	าล			9 donths			
Z	PART II OTH			ONTRIBUTING TO DEATH					E CONDITION GIV	EN IN PART	1(0) 19	WAS A	UTOPSY	
ΥŢ												PERFO	NO X	
CERTIFICATION	200 ACCIDENT WAS	UNDERLYING []	206 DESC	RIBE HOW INJURY OCC	URRED	. (Enter noture of	finjury in F	Port I or Port	t II of item 18.)				NO LA	
	OR CONTRIBUTING	MEDICAL EXAMINER)							·					
3	20c. TIME OF INJURY	Month, Doy, Year	20d. IN	JURY OCCURRED 20	e. PLA	CE OF INJURY	Iome, form	, 20f (City	or tawn)	1Cc	ounty)		(State)	
MEDICAL	Hour e.m.	19	While of work	Not white	faci	ory, street, office	bldg., etc	1	·	, -	,,			
		- 1 - 11 - 11 - 1 - 1		ed from Septem	hor	75 20 58	3 - 1000	ombon	10 10 58	2				
	alive an Dece	mbon 70	decease	בט בס ננסט יהמלהומלייה	VEL.		0 - EE	D.		2,that 1 to	ost solv	v the	deceased	
	Olive quinade	moer_12	., 19	$58_{-}$ , and that d	eath	accurred at			n the causes a reet, city or lown,		e date			
	ACTUAL	13 -3-	-	an an					•			7.0./	TE SIGNED	
	SIGNATURE	01. 4 250				1 D	5	allsb	ury, Mary	<u>land</u>		T.5\	20/28	
	PHYSICIAN'S NAME (Type)	Gerhard Ko	emah	1v. M.D.										
220	BURIAL, CREMATION			22c. NAME OF CEMETE										
440	REMOVAL (Specify)	DEC. 22,		CRISFIELD	- 12	CREMATORY EMETER	y	~	TION (City, town, o	MD.		(Stote	)	
23.	FUNERAL DIRECTOR'S			ADDRESS	-			BY REGIST		TRAR'S SIGI	NATURE			
	BRADSH	1W LSON	5 -	CRISFIELD,	M	L.	DATE THE	092"	58	2 to all	1.00	d		
						- 47	1.6	: لا به اجم	20 1					



of Health,

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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-	7	Ŧ	V	

			4420 MED	HCAL	EXAMIN	ER'S	CERTIFICA	TE OF I	DEATH	Reg. Dist. No.						
	1. 2	LACE OF DEATH					2. USUAL RESIDENCE (	Where deceased	ived If institut	tion: Residence before	e admission)					
	. 0	. COUNTY	icomico		MARY	LAND	o STATE Mar	vland	P COUNT	Wicom	ico					
	b.		fautide corporale limits, write R	URAL	LENGTH OF STAY	IN 1b		referred to the same	ote limits, write	RURAL and give nea	rest town)					
		Marde	_	1			Rural Mardela									
	ď		AL OR INSTITUTION (IF	not in hospit	ol, give street addres	(s)	d. STREET ADDRESS	r 11000 000	4.00		IS RESIDEN E					
3		Manlo	Shade Nurs	inc	Home. Ma	rde	La. Md.				ON A FARM?					
		AME OF	First		Middle		Lost	4. DATE	Month	Day	Year					
		PECEASED Type or print)	Thoms	1 69	Edwin	f	Pavlor	OF DEATH	12-	1.9=	19 58					
	5. \$	Ex			NEVER MARRIE	-	DATE OF BIRTH	9.	AGE (In years	IF UNDER TYEAR IF	UNDER 24 HRS					
		<b>W</b>		VIDOWED [	re .		12-17-1866	5	92yrs.	Months Days H	lours Min.					
			ON (Give kind of wark do	ne 10b KIN	D OF BUSINESS OR				- Contract C	12 CITIZEN OF	WHAT COUNTRY					
	ď	0.000	ng life, aven I ret red) M <b>87</b>	দ	arming		Marde	ala, Mo		USA						
	13.	FATHER'S NAME	THOT		dr marie		14. MOTHER'S MAIDEN	~ #	-	1 0 2 11						
		Gillie	Edwin Tay	ro Fr			Sophronia Darby									
		WAS DECEASED EV	ER IN U. S ARMED FORC	ESP 16 50	CIAL SECURITY NO	17 IN	FORMANT		Address		•					
	JYøs,	No. ar unknown)	(If yes give war or dates of ter	vice)			Mrs. Katie	Tavlo	or. Mar	dela. Mo	. WIFE					
			TH Enter only one cause	per line for	(a), (1 and (c), ]					TINTERVA	UBLIWEEN					
			TH WAS CAUSED BY:			1 9				ONSET A	Days					
		600.		Acab	a py.o.r.ro	70 IJ					Days					
		Conditions, if o														
		gove rise to imme	diote couse				A A A A A A A A A A A A A A A A A A A	-title to the state of the state of the state of								
		(o), stating the couse lost.	underlying DUE 10													
	z		HER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERM	A NALD SEASE O	ONDITION G V	EN IN PART I(a) 19.	WAS AUTOPSY					
1	ATIO	904.0		Annual contra	- 1	-				1	PERFORMED?					
2	FIG				110 4-2-5		ter nature of injury in Fa	at Lor Port II of	11em 18 )		, L					
	CERTIFICATION	200. EXTERNAL CAPPRIMARY OF CO CAUSE OF DEATH.	NTRIBUTINGÆ				,.,		,,,,,,							
		20c. TIME OF INJU	RY Month, Day, Year	20d, IN	at home	Oe PIAC	E OF INJURY (Home, for	m. 120f. (City o	fown)	(County)	(State)					
	MEDICAL	Hour o.m.	1 0 40	While	Nat while of work	facter	y, street, affice bldg., et	c.)								
	2	p m	hat I took charge of	-			ome		dela pection $\square$ .	Wicomic						
		· ·				_	`		_	Inquiry XI,	ond in my					
		opinion death	resulted fram: No	atoral ca	uses []. Acci	Jeni M	], Suicide [],	Hamicide [	_i, Undere	rmined manner						
		ACTUAL	JE - K	1 / 1			CHIEF MEDICAL E	TAMENED T		3	ATE SIGNED					
			Control of the contro	-	-		ASSISTANT MEDIC		7							
		EXAMINER'S	T7 T 1		75 D		DEPUTY MEDICAL		T .	27. 50						
	720	NAME (Type)	Esrl L. I		Re NAME OF CEMET	ERY OR (			N (City, town, o	27 <b>-</b> 59	(Štole)					
	AZG.	REMOVAL (Specify	]	0 1						7.0	(31010)					
	23	Burial FUNERAL DIRECTOR	12-21-50	0	Firemans ADDRESS	3_ <u>Ue</u>			ptown,	STEAR S SIGNATURE						

Salisbury. Md.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certified, withing the ward "pending" in pencil in them 18. Given Pages 1, 2, and is to the funeral direct a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board as its designated agent, prior to be braid, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

Holloway and Co.

Replacement: Film #238 - 1-29-59 ams

14463

	144	UZ CE	RTIFIC	ATE OF D	EATH		Res	B. Dist. No.	
1. PLACE OF DEATH  o. COUNTY  VV/	Camico		MARYLAND	2 USUAL RESIDE	NCE (Where dec	L.	If institution Re	esidence before adr	
Salisby	r4	3 DA	STAY IN 16	11	WN (If outside of			and give nearest to	own)
d. NAME OF HOSPIT OR INSTITUTION	ALIGH not in hospitat, give	1 1	Tal	d STREET AD				10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	William	m h	Middle	TAUlo	4. DA		Month	Doy er 18	Year 1958
s sex male	white w		ORCED [	SEPT. 18	1883	lost		NDER TYEAR IF UN	DER 24 HRS rs Min.
10a. USUAL OCCUPATION during most of work	ON (Give kind of work don- ing life, even if retired) R	FAR MI			RGINI		12	USA	AT COUNTRY
13. FATHER'S NAME	4			14 MOTHER'S M	AIDEN NAME				
JOHN S	. TAYLO	R			GARET	LE	WIS		
15 WAS DECEASED EVER	R IN U. S. ARMED FORCES If yes, give war or dates at service		TY NO. 17.	INFORMANT			Address		
NO	***	NON	$E_{MR}$	S PHILLII	HORK	IER I	RINICES	S ANNI	I MD
1 1	TH [Enter only one couse TH WAS CAUSED BY:	per line for (o), (b), or		- P	0			ONSET AL	BETWEEN ND DEATH
3321	IMMEDIATE CAUSE (o)	C JUNEAU	En C	- July	m-to-to-do-co	Marie a		3 1.1	AYS
Conditions, if or	tu which \								
gove rise to in	n mediate								
Couse (o), stating (	he under-								
PART II. OTH	ER SIGNIFICANT CONDITI	IONS CONTRIBUTING	TO DEATH BU	T NOT RELATED TO T	HE TERMINAL DI	SEASE COND	ITION GIVEN IN	PER	AS AUTOPSY FORMED?
20a ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] 20t [] CAUSE OF DEATH MEDICAL EXAMINER]	DESCRIBE HOW INJU	URY OCCURR	ED. (Enter nature of i	njury in Part I o	Part    of ite	ns 18 )		
20c. TIME OF INJURY Mour a, m, p, m,		20d. INJURY OCCURRE While Not while of work at work	D 20e. P	LACE OF INJURY (Ho octory, street, office b	me, form, 20f. ldg , etc.)	(City or lowr	)	(County)	(Stole)
21. I certify the	at I attended the de	ceased from /2	-16	1958	10 /2 -	18	19 5 8 the	at I last sow th	a decease
alive on_12/	18			h accurred at	_ZAM,	fram the c	auses and c	on the date st	ated abave
ACTUAL SIGNATURE	fon 200 030	Extrem III		M.O. Med		Street, city	or town, slote) Solo	Enda M	DATE SIGNES
PHYSICIAN'S NAME (Type)	HN M. BL	OXOM F	12	MFDICAL	CFNT	FA	SALIS	STUAT	,mD
220. BURIAL, CREMATION REPROVAL (Specify)	1, 22b. DATE THEREOF	22c. NAME OF		OR CREMATORY		CATION (C	ly, lown, or coul	nty) (S	tote)
BURTAL	12-20-5	8 LIBER	TY CE	EMETER	P	ARKS	LEY	VIRGI.	NIA
23. FUNITAL DIRECTOR'S	SIGNATURE	ADDRESS	1		4a. REC'D BY RE	GISTRAR	146 REGISTRAR	S SIGNATURE	
syenny &	4. Wasso	W POCOM	DKF (	iTY Mil o	ATE				

moy be retained by the hospital or otherding physician.

TO FUNERAL DIRECTAL Street this certificate has been signed by the otherding physician and completely filled in by the factor, page 3 should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

th. Page 4



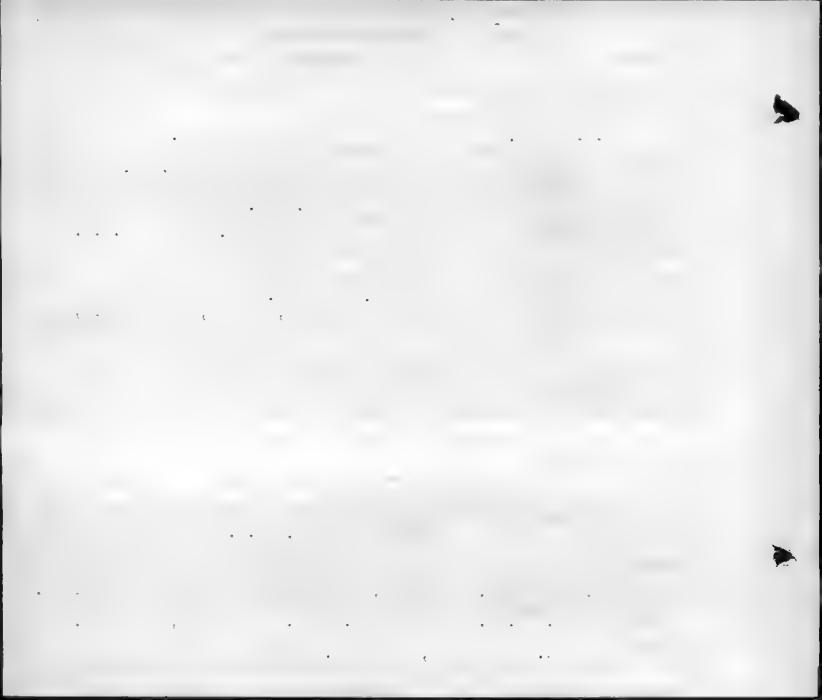
	丁存在	03	CERTIFIC	ATE OF DEA	IH		Rag, Dist. No	),
o. COUNTY	Wicomico		MARYLAND	2 USUAL RESIDENCE	(Where deceased and	lived. If institution b. COUNTY		ore odmission)
B. CITY OF TOWN	N (If outside corporate limit secorest town) SDULLY	s, write c. LENG	TH OF STAY IN 16		c. CITY OR TOWN (If outside corporate I Salisbury			arest town)
d NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, g	ive street oddress)		d STREET ADDRES Sprin	g Hill	Road.		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Bertha	if	Middle	Thommen	4. DATE OF DEATH	Dec.		19 5
Female	6. COLOR OR RACE White	WIDOWED 🖔	DIVORCED	May 13.1		lost birthday)	FUNDER 1 YEAR Months Days	Hours Min
during moral	TION (Give kind of work of	lone 10b. KIND OF	BUSINESS OR IND	USTRY 11. BIRTHPLACE (S SW1tz	erland.	(Bern)	U.S.	A.
3. FATHER'S NAME NO	Record			NO E	n name lecord			
\$. WAS DECEASED ( Yes, no. or unknown)	VER IN U. S. ARMED FOR		ECURITY NO 17.	r. Herman	O. Thor	nmen (Sc	n)	
couse (a), stati lying cause to PART II. (		DITIONS CONTRIBU	TING TO DEATH BL	UT NOT RELATED TO THE TI	RMINAL DISEASE	CONDITION GIVE	N IN PART I(a)	PERFORMED?
200. ACCIDENT	WAS UNDERLYING   NG   CAUSE OF DEATH   FY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURR	ED (Enler nature of injury	in Port I or Part	Il of item 18 )	l	YES NOT
20c TIME OF IN	n. 10		whitef	PLACE OF INJURY (Home, octory, street, affice bldg ,	efc )		(County)	
21. I certify alive on	that I attended the 12/15/58			h occurred at 2.	12, 45 Ru Mom	the couses an	that I last s	aw the deced
SIGNATURE	Viceia 1	G. Fish	<u>.</u>	MD. Sa		pet, city or town, st	ote) 🔿	6 -195
	Dr. Willia	am H. Fi	isher Jr	1-0	cal Cer	ter, Sa	alisbu	ry, Md.
NAME (Type)	Dr. William Dr. William Dr. Date THEREO Dec. 1	am H. F1 6.58 200 W1	isher Jr	or CREMATORY Mem. Park.	cal Cer	ter, Sa	alisbu	ry, Md.

may be retained. The hospital or attending physician.

TO FUNERAL DIRECTER: After this certificate has been signed by the attending physician and completely filled in by the repeat 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Bages 1 and 2 should the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 1\$M 9/5\$

crot director, offi. Page 4

ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs aft



14405

14404

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

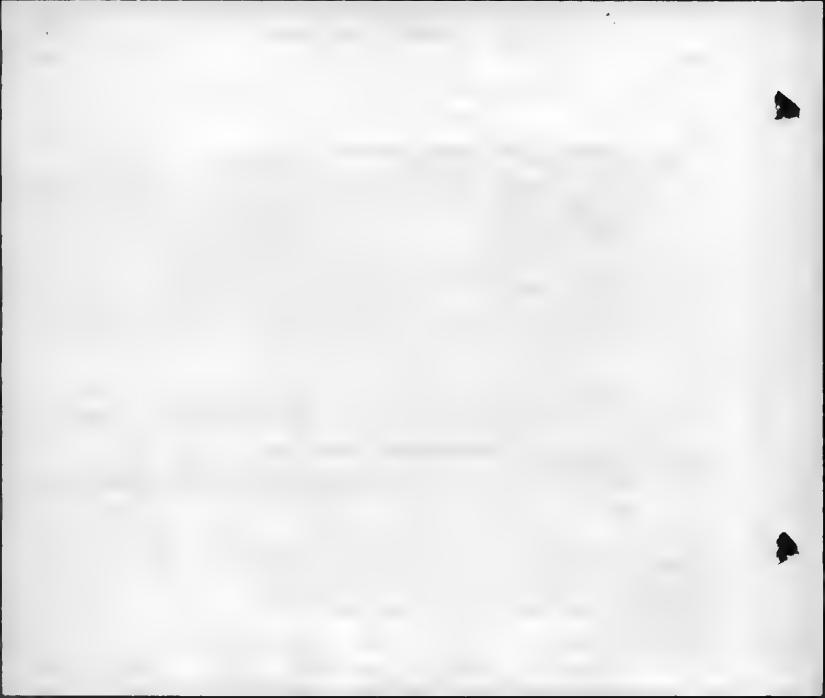
	1. (	PLACE OF DEATH COUNTY		2 USUAL RESID	ENCE (Who	ere deceased liv	ed If institution: Re	esidence befor	re admission)	
- 1		Nicimico	EYLAND	1 2,	110			1000	Horne	
	I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	Y IN 1b	c. CITY OR T	OWN (If a	utside corporale	limits, write RURAL	and give nea	rest town)	
		3.1.1		( P	m 1 7	- - -	1	* be		
	ب	NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS e IS RESIDENCI						
H	1	OR INSTITUTION VI		O. SIRCES AS	DUKESS				ON A FARM?	
	_/	LIVERSIDE OLDRSING HOME		<u> </u>					AEZ   NO	
		NAME OF First Middle DECEASED - Middle	le	Last		4. DATE	Month	Day	Year	
- (		(Type or print) PRAMICES Fland	ETK	WA11	2	OF DEATH	12	7	19 58	
	5. 5	EX 6. COLOR OR RACE 7. MARRIED NEVER MARR	RIED 🗍	8. DAJE OF BIRTH	ı	9.	AGE (In years IF UI		IF UNDER 24 HRS	
		F WIDOWED DIVORC	ED 🗀	1601.25	1-18	70	an bir (hday) Mar	iths Days	Haurs   Min	
	10a	. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	CE (State o	or foreign count	ry) 1:	2. CITIZEN O	F WHAT COUNTRY?	
l		during most of working life, even if retired)		NA A	10-11	ANIE		110	A	
- {	10	FATHER'S NAME		/ / /	1571	_   T   Y   L	>	001	7	
	ış.	11/0	_	14. MOTHER'S	MAIDEN N	WE C	1 - 1 1 1		-	
		ALFONZO WRIGHT		JAK	MH	0/	HEUBR	00 K	2	
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY No. no. or unknown) [1] [If yes, give wor or dates of service)	O. 17. £	NFORMANT	1 11	2/ 0	Address	20		
	_	フ <sub>ょ</sub>	7	dur	de	Jalle	v - 120	elles	nore	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c	)-]	2	_			INTE	RVAL BETWEEN	
	į	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	del	0102	d.			ONS	ET AND DEATH	
		LLOC.O DUE TO								
		Conditions if any which \								
		gove rise to immediate							<del></del>	
		couse (a), stating the under-								
	z	tying cause last. (c)								
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EVIH ROI	NOT RELATED TO	THETERMIN	NAL DISEASE CO	ONDITION GIVEN IN	PART I(o) I	P WAS AUTOPSY PERFORMED?	
	2								YES NO	
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OR CONTRIBUTING   CAUSE OF DEATH	OCCURRE!	D. (Enter noture of	injury in P	ort I ar Port II i	of item 18.)			
		(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	S	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED	20e. PL	ACE OF INJURY (	lome, form,	20f (City or	town)	(Caunty)	(\$lote)	
	MEDICAL	Haur a. m.  p. m.  19 Ot wark at work	FOR	clory, street, affice	Didg., etc.)					
- 1	~	A.			7	11/1	1/1	-		
		21. I certify that I attended the deceased from	K44	, 19.2.12	10/	A-7	, 19	at I last sa	w the deceased	
		alive on, 19 2 3 and that	ıt death	occurred al	1.12				e stated above.	
		410			n *	DDRESS (Street	, city or town, state)		DATE SIGNED	
		SIGNATURE A 1 1 Mamoe		M.D.	Kest	was.	Mol			
/						//				
		PHYSICIAN'S NAME (Type)				-				
	<b>22</b> 0	BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEN	METERY O	R CREMATORY		22d LOCATION	(City, town, ar cou	nty)	(State)	
	6	BURIAL (Specify) 12/10/58 (CEDITA	e u	110		Cont	0021112		771	
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	V/		24a. REC'D	BY REGISTRAR	24b. REGISTRAR	'S SIGNATUR	E	
	1	The first III	M		DATEDEC	4 4 150		E. France	=	
ŀ	4	again & that clocke notifi	, / 1	100	DATEDE	, 1 1 30	(2000000)	Z. / 1/4000		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after any be retained by spiral or attending physician.

TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Imges 1 and 2 shauld it he registrar prior to burial, cremation, ar remayal, and in any event within 72 pours ofter death. VS A1S (4) 15M 9/55

director, be filed with

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Pose Pose of Health,

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14439

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 1 1 0 C

	14	700											Reg. D	ıst. No.		
1, 1	PLACE OF DEATH						2. USUAL RESIDENCE (Where deceased lived. If institution Residence before odm ssion)									
	COUNTY	comi	0.0			MARYLA	ND	o. STATE	Mary	rland	k	COUNT	Y Some	erse	+:	
t	CITY OR TOWN (IF	autside corpoie		FURAL	c. LEN	GTH OF STAY IN	1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
	and give nearest lawn)								okir		,	11	1			V
	Salis B. NAME OF HOSPITA		ITUTION (	If not in bu	suprial no	ve street address)		d STREET A							e IS RESIDEN O	
	Penin	_	ur	rel		potal							_		YES NO	_
3.	NAME OF DECEASED		~ Fin		2212	Middle	- Caracteria	Lost		4. DATE		Mani	h	Doy	Yeor	_
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	during mast of working	P even	it retired)	F	APM			MANO	FIN.	MARY	LAND		U A	S		
13.	FATHER S NAME				-	_	14.	MOTHER'S	MAIDEN N	ZAME						-
	בריימפח י	HATE	25				17	BESSI	E CO	LLIN	3					
	WAS DECEASED EVE	ER IN U. S.	ARMED FO		SOCIAL	SECURITY NO. 1		-			-	Address				
[Yes	, ne, of unknown	(If yes, give we	or or dates of	pervice)		+	0P!"	A 7.7 T. T. T.	mmpg	TOT	י ידרקדו	1 X %	-4-4-	7		
	18 CAUSE OF DEAT	IM (Enter o	alv ena ceu	na par lin	for (a)		OF.	23	TEND	# "\.I.	ب. بنا ب	<i>Q</i> 2 1	T.L.	LAITERL	AL BETWEEN	_
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	2000 4 4	IMMEDIATE	CAUSE (a)		Fra	cture o	f s	kull.						126	hrs.	i men
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	Conditions, if or gove rise to immed		[b)		Sub	-dural	hem	atoma	ava						12 12	_
	(a), slating the		DUE TO													
	couse last.	)	(c)													,
Ö	PART II, OTH	IER SIGNIFIC	CANT CON	DITIONS	ONTRIBU	TING TO DEATH B	UT NOT	RELATED TO	THE TERMI	NAL DISEAS	E COND	TION GIV	EN IN PAR	T 1(0) 19.	WAS AUTOPS	¥
3														YE	S NO	K
CERTIFICATION	200. EXTERNAL CAL	ISE WAS	20	b. DESCRI	BE HOW	INJURY OCCURRE	D (Enter	nature of in	jury in Poti	1 or Part II	of item	18)		-		
	CAUSE OF DEATH.	ALKIDO HINO	L	Pass	seng	er in c	ar '	invol	ved	in a	2 0	ar (	colli	sin	n.	
3	20c. TIME OF INJUI	tY Mant	h, Day, Yes	20d.	NJURY	OCCURRED 20e.	PLACE C	F INJURY (F	tome, form	20f. (Cif				uniy)	(Stole	]
MEDICAL	2:30F	м. 12	2-30%	SRWH	ele it		R 1	street, affice $\#$	1 3		olie	דמנות	7 Wic	o om	ico M	d.
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	opinion deam	resurred	A A	4010101	cuoses	, Accide	<u> </u>	3010106	· [	Homicide	L.J.	Ondere	HAIIII 60 I	manner	L!	
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220	BURIAL CREMATIO		THEREC	)F	4 10.00	AME OF CEMETERY				22d 10CA		304		· D	(State)	
	Ll "I. L	1/4/	27				E5L	r.Y		MAI			YLAI			_
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS										D BY REGIS	TRAR		ithur S.			
	WILLIAM	H.JAN	FS 5	FF	KILC	ESSANNE	, .'D		DATE			6	. 2.	- COMMU		

VS. A15ME 5M 2/57

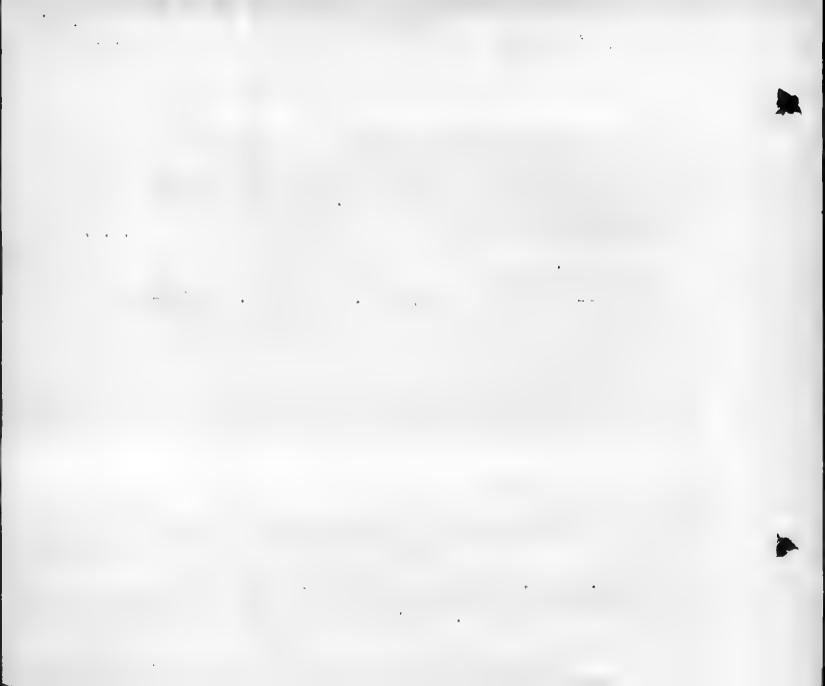
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessed execute the certified withing the word "pending" in pencil in flem, 18. Give Pages 1, 2, and 3 to the functal direct standard be forwarded to the Chief Medical Examiners's Office along with farm PM3. Page 5 may be retained for your EVUNERAL DIRECTOR: Page 3 should be used as a buried-training permit. File pages 1 and 2 with the State Board or its designated agent, prior to buried, crematian, ar removal, and in any event within 72 hours after death.

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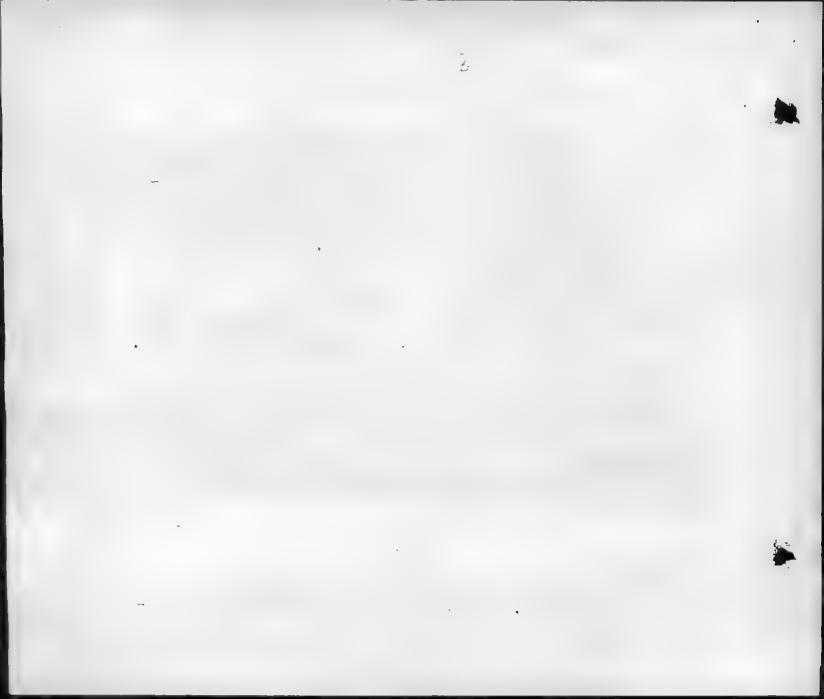
7/. 2

No.





FOR STATE	Ĩt	tem 20 Film 236 MEDICAL EXAMINER'	S CERTIFICATE OF DEATH 144(17)
HEALTH DEPT.	- Alleran	ARROO	Reg. Dist. No.
HEALITI DEFE	1, 1	PLACE OF DEATH B. COUNTY	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admiss on)
S a f		Wicomice MARYLAND	o STATE Maryland b. COUNTY Wicomico
THE WAY	b	O CITY OR TOWN I floutside corporate limits write RURAL C LINGTH OF STAY IN TO	c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)
* *		Salisbury / Cou	X Newark
1 g /		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give freet address)	d STREET ADDRESS
0 0 0		Peninsula General Hospital	Box 97
6 2 2 3 5 7	3.	NAME OF Sint Middle	A VOI Horr A. DATE Month Doy Year
S S S S S S S S S S S S S S S S S S S		DECEASED VY	05 DEATH 72 7 19 58
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Z de de	100	USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDU!	N A
F - 2 - 1		infant	Md. USA Jewark USA
MA3.	13.	FATHER'S MAME	14. MOTHER'S MAIDEN NAME
E O E N	_	Hearde Fryor	Durwee Whales
	15  Yes	WAS DECEASED EVER IN U S ARMED FOYCES? 16 SOCIAL SECURITY NO 17	INFORMANT Ad (As)
20 = 1		10 none 9	urnice whale newards Md Ber 97
E 00 F E E		18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL STEWART
on de		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due	to aspiration of vomitus. 3 hours
		421.0 DIE 10	
A A A A A A		Canada da anticolo de la constanta de la const	
a far in a		gave rise to immediate cause	The state of the s
2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		(o), storing the underlying	
E S E	z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0):19, WAS AUTOPSY
Sed Trade	CATION	Aprilogogalishi ada ama Allifaria, Sallia Justini Walio (1984)	PERFORMED?
a di con		200 FYTERNAL CAUSE WAS 200 DESCRIBE HOW INTERNAL OCCURRED A	Enter nature of navy in Part [ or Port II of Hem 18 ]
Med by mial,	CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY Dor CONTRIBUTING D CAUSE OF DEATH.  205. DESCRIBE HOW INJURY OCCURRED. (Child had been il	at home and vomited in his sleep
P P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3	20c, TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLA	ACE OF INJURY (Home, form, 20f. (City or tawn) (Caunty) (State) tory, street, office bldg, etc.)
N N O S S S S S S S S S S S S S S S S S	MEDIC	1:30 p.m. 12-1-589 While Noi while 1	Home Newark Wic. Md
Pog Pri		21. I certify that I taok charge of the remains described obo	ove, held an Autopsy . Inspection . Inquiry . , and in my
S S S S S S S S S S S S S S S S S S S		apinian death results from: Natural causes	Suicide , Hamicide , Undetermined manner
		ACTUAL ROS	DATE SIGNED
of a part of a p		SIGNATURE	_M D CHIEF MEDICAL EXAMINER
A Pe		EXAMINER'S	ASSISTANT MEDICAL EXAMINER
P P P P P P P P P P P P P P P P P P P	C3		DEPUTY MEDICAL EXAMINER 12-1-58
S S S S S S S S S S S S S S S S S S S	220	RAME (Type)  RATI I. ROVET M.D.  REMOVAL (SPECAL)  REMOVAL (SPECAL)	CEREMATORY 22d LOCATION (Cuy, town, or county) (Stota)
26406	1/2	Mude Mc 2168 Williams C	limbly flours mil
S. ATSME	23.	ADDRESS ADDRESS	240 REC'D'AY REGISTRAR 246 REGISTRAR S SIGNATURE
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Brig (Vest) menment. m 1 . eco Lake editor of Williams INTO BOWN HALL IN COME SERVICE PS . SMT - SLATE Committee of the Committee of the section Part Main St. (Section) the (feets - year), when

14410 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY o. STATE Maryland filed b. COUNTY Wicomico MARYLAND Wicomico b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown) 21 Yrs Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARMIN 110 W. London Ave.. 110 W.London Ave. . YES NO gud 4. DATE OF DEATH NAME OF Middle Figur Lost YROL 58 DECEASED WOOD HARRY Edward (Type or print) 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 9. AGE (In years Male jost birthdoy) Months Doys Hours DIVORCED | Sept. 30. 1893 WIDOWED | popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Subt of Transportation of E.S.P.S. Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daisey Robinson William Wood 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Mrs. Cornelia P. Wood, Same 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO permit. Conditions, if ony, which gove fise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? burial-tr YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. Not while ol work of work 1950 21. I certify that I attended the deceased from. ADDRESS (Street, city or lown, stote) ACTUAL East Main St., 116 should PHYSICIAN'S Philip A. Salisbury, Maryland NAME (Type) Inslev FUNER 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 12/26/58 Parsons Cemetery Salisbury, M ryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hill & Johnson Co. Salisbury, Md. DAT DEC 2 9 '58 VS A15 (4) 15M 9/55 Civilius S. Thanks T. Baker.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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